

# Template for Change

KENTUCKY COMMISSION ON  
SERVICES AND SUPPORTS FOR  
INDIVIDUALS WITH MENTAL  
ILLNESS, ALCOHOL AND OTHER  
DRUG ABUSE DISORDERS, AND  
DUAL DIAGNOSES

June 21, 2001



THE SECRETARY FOR HEALTH SERVICES  
COMMONWEALTH OF KENTUCKY  
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PAUL E. PATTON  
GOVERNOR

MARCIA R. MORGAN  
INTERIM SECRETARY

June 21, 2001

Paul E. Patton  
Governor of the Commonwealth of Kentucky  
and  
Members of the Kentucky General Assembly

Dear Governor Patton and Members of the General Assembly:

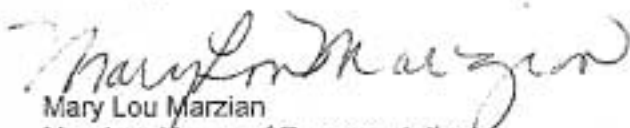
We are pleased to present you with the report of the Kentucky Commission on Services and supports for Individuals with Mental Illness, Alcohol, and Other Drug Abuse Disorders, and Dual Diagnosis. The report is required by KRS 210.504(5).

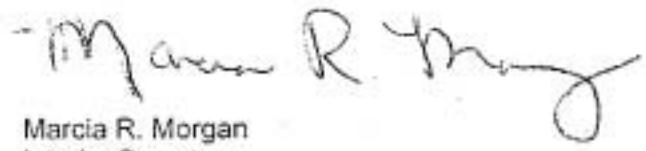
The Commission's report represents a planning process that involved many citizens, providers, consumers, and community leaders across the Commonwealth. Hundreds of local stakeholders participated on Regional Planning Councils, who made recommendations to the Commission last December. The Commission organized work groups that involved organizations and other stakeholders at the state level. The Commission itself heard from consumers, providers, and experts on problems and opportunities in the mental health, substance abuse, and dual diagnosis service delivery system.

Presented in our report are recommendations from Kentuckians on critical needs and/or ways to improve the quality, availability, and delivery of services to their fellow citizens whose quality of life is compromised by mental illness, substance abuse disorders, or both. As envisioned in the legislation that established the Commission, this report will form the basis of legislative and budgetary initiatives in the 2002 General Assembly session and a guide to the continuing work of the Commission and the Regional Planning Councils.

On behalf of the persons who participated on Regional Planning Councils and on the Commission, we want to express our gratitude for this opportunity to be of service to the Commonwealth of Kentucky. We would be pleased to meet with you and to discuss these important recommendations in person.

Sincerely,

  
Mary Lou Marzian  
Member, House of Representatives  
Co-Chair

  
Marcia R. Morgan  
Interim Secretary  
Cabinet for Health Services  
Co Chair



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

# Template for Change

The Kentucky Commission on  
Services and Supports for  
Individuals with Mental Illness,  
Alcohol and Other Drug Abuse  
Disorders, and Dual Diagnoses

*A Report*

June 21, 2001

THIRD AND FINAL REVISION 7/27/01



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## Commission Members

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State Senator Charlie Borders, Russell

Corrections Commissioner Tom Campbell  
(Deputy Commissioner Gary Dennis, designee)

State Representative Barbara White Colter, Manchester

State Representative Bob Damron, Nicholasville

Protection and Advocacy Division Director Maureen Fitzgerald

Medicaid Services Commissioner Ellen Heslen  
(George Graham, designee)

State Senator Dan Kelly, Springfield

Juvenile Justice Commissioner Ralph Kelly  
(Bill Heffron, designee)

State Representative Mary Lou Marzian, Louisville, **co-chair**

State Senator Ed Miller, Cynthiana

Cabinet for Families and Children Secretary Viola Miller  
(Tara Parker, designee)

Cabinet for Health Services Secretary Marcia Morgan, **co-chair**  
(Deputy Secretary Ann Marks, designee)

Mental Health/Mental Retardation Services Commissioner Margaret Pennington

Vocational Rehabilitation Commissioner Sam Serraglio  
(Robin Fowler, designee)

Justice Cabinet Secretary Robert Stephens  
(Deputy Secretary Larry Greathouse, designee)

Education Commissioner Gene Wilhoit  
(Vivian Link, designee)

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# Introduction

The work of advocates, policy leaders, and officeholders has given Kentucky a strong history in the development and delivery of mental health services. *Pattern for Change*, the 1966 report of the state's Mental Health Planning Commission, provided a long-range plan for meeting citizens' needs at a time when the nation was just beginning to recognize the importance of such efforts.

As change continues to define modern society, Kentucky continues to update its thinking on the most effective way to deliver services to its diverse population. Again through the efforts of advocates, policy leaders, and officeholders, a commission was created by the 2000 General Assembly to address the need for a comprehensive state plan to serve Kentuckians who suffer from mental illness, a substance abuse disorder, or both.

House Bill 843 established a planning process that emphasized local participation and decision-making:

- Planning councils were convened by the Regional Mental Health/Mental Retardation Board in each of the state's 14 regions. These councils brought together groups of people who are involved in these issues—personally, professionally, or both—to identify local needs and recommend ways to meet the common issues that emerged. Summaries of the council reports begin on page 12.
- The commission recognized that there were a number of issues and themes which were identified by many, if not all, of the Regional Planning councils. These came to be known as Common Issues. Summaries of those issues begin on page 40.
- Work groups established by the commission reviewed the Regional Planning council reports and examined common issues from the perspective of the service needs of adults, children, and the aging. Other groups addressed the issues of quality assurance/consumer satisfaction and the relationship between criminal justice and behavioral health issues. Summaries of the work group reports begin on page 48.

*According to the landmark Global Burden of Disease study commissioned by the World Health Organization, four of the ten leading causes of disability for persons age 5 and older are mental disorders.*

*Based on the national prevalence rate of 23.9 percent, it is estimated that one in four Kentuckians is diagnosed with some type of mental disorder.*

*“Therefore, to meet the challenge confronting us in providing for the mental-health needs of Kentucky, the direction we must move in is abundantly clear. It is towards meeting these needs in the community.”*

Pattern for Change  
Report of the Kentucky  
Mental Health Planning  
Commission  
1966

*“This is a Golden Age of Opportunity...”*

State Senator Dan Kelly  
quoting regional Planning  
Council Chair Jim Fugitt

*“I believe that the most important work that we will do in this new millennium will be to address the needs of those who suffer from mental illness and substance abuse disorders.”*

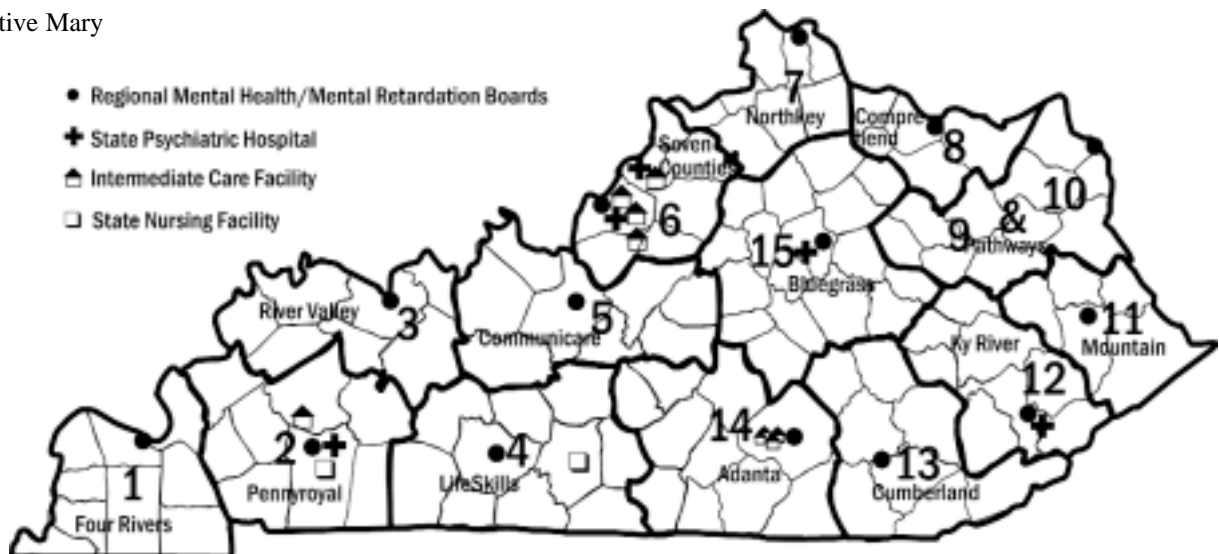
State Representative Mary  
Lou Marzian

- The statewide Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnoses is composed of six Legislators and 14 Executive Branch cabinet secretaries, commissioners, and department heads representing systems and services which deal with mental illness and substance abuse.

The commission worked throughout the months-long process gathering additional information, hearing testimony, and reviewing the reports from the regional councils and work groups before developing a series of recommendations. The commission’s recommendations begin on page 58; more detailed information can be found in the Appendices. The commission will work with legislators to begin prioritizing these recommendations.

The process engaged hundreds of Kentuckians who came together in the regional planning councils, participated in focus groups, responded to surveys or shared their views at public meetings.

**The result: Recommendations from Kentuckians on ways to improve the quality, availability, and delivery of services to their fellow citizens whose quality of life is compromised by mental illness, substance abuse disorders, or both.**



Map A

## A Look at Kentucky's Current System

Kentucky spends less than most states on its system of care for persons with mental illness and substance abuse disorders; at the same time, it has a reputation for innovation and quality.

The state's publicly funded system includes 14 Mental Health/Mental Retardation Boards, five psychiatric hospitals, two nursing facilities, and three personal care homes. The Kentucky Department for Mental Health and Mental Retardation Services, part of the state Cabinet for Health Services, ensures the provisions of services to consumers through these entities. (*Map A*)

The 14 regional boards, which are private, non-profit organizations, provide a range of services in their regions, including outpatient and inpatient care as well as emergency intervention and education. Together, they serve all 120 Kentucky counties. These centers are a critical resource for Kentuckians because they provide mental health and substance abuse services, regardless of a consumer's ability to pay.

Of the five psychiatric hospitals, four serve adults in various regions of the state and one serves accused or convicted felons. Western State in Hopkinsville and Central State in Louisville are state-run; Eastern State in Lexington and Appalachian Regional Hospital Psychiatric Unit in Hazard are operated by private agencies that contract with the state. The Kentucky Correctional Psychiatric Center in LaGrange is also operated by the state.

Kentucky does not operate a state hospital for children. Because psychiatric hospitalization for children was widely available through Kentucky's private hospitals, Kentucky closed Children's Treatment Services, its state psychiatric facility for children, in 1989 and contracted with one private hospital, Caritas Peace Center in Louisville, for the inpatient psychiatric care of indigent children. This contract is administered by the Cabinet for Families and Children, which is the state's child welfare authority.

*An estimated 446,399 Kentuckians, or 15 percent of the population, have some form of mental disorder, according to Healthy Kentuckians 2010.*

*Although two-thirds of these individuals are in need of treatment, less than one-third actually seek mental health services.*

*In Fiscal Year 1990, Kentucky community mental health centers served 73,000 adults and children with problems of varying degrees. This number had grown to 95,040 in Fiscal Year 1999.*

*“In the 1994 legislative session, crisis services were established as a necessary part of each region’s safety net. But seven years later, some regions still do not have these services.*

*“I don’t see how we can say there isn’t any money. We must set priorities, and one of my priorities is regional crisis stabilization services.”*

State Representative  
Barbara White Colter

*“Mental health disorders are real health conditions that have an immense impact on individuals and families throughout this nation and the world.”*

A report of the U.S. Surgeon  
General on Mental Health  
1999

Three personal care homes serve adults who no longer need to be in a psychiatric hospital but who do not have the proper support system in their communities. The homes, in Louisville, Lexington, and Pippa Passes, are run by their respective community mental health centers.

Beyond the publicly funded system, behavioral health services are available in some Kentucky communities through private-sector licensed providers including psychiatrists, psychologists, clinical social workers, and marriage and family therapists, and in psychiatric hospitals and psychiatric units at community hospitals. These providers tend to be centered in urban areas, making access difficult in many rural areas.

Although the 2000 General Assembly passed legislation requiring parity, or equality, of mental health and substance abuse services with physical health services, its application was limited to large-group employers who are not self-insured. Typically, private insurance covers both substance abuse and mental illness, while Medicaid covers only psychiatric services for most of the Kentuckians who are eligible for that program.

In addition to the formal mental health service systems, several government agencies also provide a considerable amount of mental health and substance abuse services.

- Corrections populations often have mental illnesses or substance abuse disorders, and the Department of Corrections funds mental health and substance abuse services to inmates of Kentucky’s prisons.
- Providers with mental health experience are part of the Cabinet for Families and Children’s network of child care providers.
- The Department of Juvenile Justice has a network of psychologists and psychiatrists and a significant focus on the emotional needs of youth entrusted to their care.

Most Kentucky communities attempt to coordinate their public and private mental health and substance abuse services. However, demand that exceeds needs and the complexity of funding makes coordination very difficult.

# Regional Planning Council Reports

## Region 1

Region 1 covers the nine westernmost counties of Kentucky. The area is predominantly rural and the people have a strong sense of community, believing that they can achieve together what they cannot achieve separately.

### Major issues: equity, access, money

Underlying many of the issues that are specific to Region 1 is the lack of parity in public and private health insurance benefits. In particular, the Region 1 Planning Council is concerned that public health insurance does not cover substance abuse treatment; the council also believes that more resources are needed for direct service delivery at the local level.

Meeting the demand for behavioral health services is a major problem in Region 1. Providers have begun to address transportation and accessibility issues, making services available in non-traditional sites; however, there simply are not enough of these services, and the trained professionals who provide them, to go around.

Money is also an issue. Region 1 currently has the second lowest per capita funding from state appropriations. It does not receive enough money to cover services for the uninsured or underinsured who are not among priority populations. Funding limits also hinder the ability of providers to respond to emergencies or unanticipated events. Crisis stabilization services for adults and children are currently unavailable in Region 1.

### Recommendations

- Increase funding to establish equity across all regions of the state with the flexibility to respond to locally identified needs. Besides crisis stabilization services, Region 1 needs more and better coordination of services for children and adults, especially those with substance abuse problems. Coverage for substance abuse services under Medicaid would help address the gross lack of funding. State funds could be appropriated as Medicaid match money to leverage more federal dollars.



***Four Rivers Behavioral Health, Inc.***

*Council Chair:*  
*Rudele Orazine*

*Counties:*  
*Ballard*  
*Calloway*  
*Carlisle*  
*Fulton*  
*Graves*  
*Hickman*  
*Livingston*  
*Marshall*  
*McCracken*

*The House Bill 843 mandate recognized that local leadership should work to build a sense of community – that is, a sense of relationship, mutual empowerment, and common purpose – within and beyond their organizations and/or practices to determine the need for behavioral health services in a given geographic area.*

*No matter how effectively resources are managed – no matter how collaborative service delivery becomes – there is marked evidence to indicate that available funds are insufficient to meet the region's needs.*

*The planning council was mindful of the need for more strategic management of all available resources that support the continuum of behavioral health services.*

- **Improve accessibility of services.** Recruitment incentives could help attract more people into specialties that are currently understaffed. Also, people who are not eligible for Medicaid need transportation services.
- **Enhance public and professional education.** The traditional physical health community, as well as other community service providers, need more training in identifying and referring individuals for behavioral health specialty services.
- **Do more to involve consumers in developing services.** The region needs more support groups and the funding to assist in their development.
- **Increase the availability of drug courts and funding for treatment of offenders.** Drug courts are a proven means of intervention for people with substance abuse problems. Although aggressive follow-up services are time-consuming and require more initial funding, they are cost-effective in the long run because they save money that would be spent on higher levels of care.
- **Standardize planning.** The Program Planning and Evaluation Committee of the Regional Mental Health/Mental Retardation Board should be supported in its legislative mandate to fill the role of a regional planning authority. The Planning Council recommends that the board formally engage in community assessment efforts to add to the growing body of knowledge about the region's needs. Finally, the council found the long-range planning and assessment process recommended in Healthy People 2010 to be a useful tool in developing an inventory of capacity. It is further recommended that, wherever appropriate, state and/or local goals be aligned more effectively with the National Healthy People 2010 model, which stresses a best-practices approach.

## Region 2

The Pennyroyal Region is a rural area that is home to more than 205,000 people. Its population is one of the most rapidly aging in Kentucky, and the area has an unusually large number of women and children in poverty. It is significant that this rural area is the location of the Kentucky State Penitentiary at Eddyville, the Greenville Correctional facility, Job Corps and county jails which incarcerate more than 4,000 people whose families often move into the region.

The area also is the location of Western State Hospital, ResCare Outwood, and more personal care and intermediate care facilities than the average Kentucky county, with 2,632 beds. In addition, three of the region's eight counties border the Fort Campbell military installation, with a population of more than 30,000 people. These transient families live on post or in nearby communities.

### **Major issue: alcohol and drug abuse**

Alcohol and drug abuse among adolescents and adults is the region's number-one problem. According to research conducted by the University of Kentucky for the state Division of Substance Abuse Services, an estimated 21,451 adults and 1,759 adolescents who need substance abuse treatment live in the region. Ninety percent of them do not have insurance coverage or the ability to pay for services. To illustrate the magnitude of the problem, between January 1 and June 30, 1999, Pennyroyal Center and Western State Hospital —the two identified safety net service sites in the region — served 858 people with alcohol and drug problems. But everyone who needed services couldn't get them because of lack of funding.

There are many other needs. The region has no social detoxification programs for adolescents or adults and only limited medical detoxification services for those with private insurance. There is no residential treatment (short-term for 30 days or long-term for 30-180 days). There is no crisis or sober-housing group home; there is no independent living program with supports for substance abusers.



### ***Pennyroyal Regional Mental Health/Mental Retardation Board***

*Council Chair:*  
*Gale Cherry*

*Counties:*  
*Caldwell*  
*Christian*  
*Crittenden*  
*Hopkins*  
*Lyon*  
*Muhlenberg*  
*Todd*  
*Trigg*

*Community and professional help is needed for adults in crisis, adults returning to a community from institutions, and older adults with dementia.*

*Meth labs, pot fields, and the number of substance abusers are growing daily in Western Kentucky. Law enforcement officers and jails also grow in numbers. The funding for diagnosis and treatment is unavailable or too limited to begin to reach the large population needing it.*

Intensive outpatient services are very limited and case management, with no wrap-around dollars attached, exists only for the female substance abuser with children. The patient with dual diagnoses of mental illness and a substance abuse disorder and a medical card can officially bill the state only for the mental health portion of care.

## Recommendations

- **Expand substance abuse prevention and early intervention services in every Kentucky county.** Mandate K-12 substance abuse prevention programs with approved curriculum.
- **Develop a funding mechanism for people of both genders and all ages who are uninsured or underinsured and in need of substance abuse services.** Kentucky's medical assistance does not pay for such treatment; many Kentuckians, particularly men, are not eligible for government assistance of any type.
- **Recruit a high-quality, licensed, and diverse staff for mental health services for rural areas.** The state Department of Mental Health and Mental Retardation Services should provide funding incentives and recruiting assistance, possibly through grants, incentives, and other approaches.
- **Increase adult crisis stabilization options by funding adult crisis programs.** This includes broadening case management eligibility to include the temporary needs of very acute patients and setting a state and Medicaid rate for acute, partial hospitalization programs.
- **Develop successful transition programs from hospitals, rehabilitation programs, and jails to the community to prevent re-admissions.** Elements of such programs would include transitional living programs, acute adult partial hospitalization, transportation, and case management support.
- **Provide a community model program for an aging population to include services to those with dementia, Alzheimer's disease, and brain traumas.**

## Region 3

The overall demographics of Region 3 are fairly consistent with statewide averages. However the rural counties of the region have a generally higher percentage of the elderly and a lower percentage of children.

The growth rate in the region is fairly flat – one-tenth of one percent compared to seven-tenths of one percent statewide. Currently, Henderson, Union, and Webster Counties have a slight population decline. These same counties also have a 39 percent or higher unemployed population compared to the regional average of 32 percent and the state average of 31 percent.

### Major issue: coordination of services

Most surveys conducted by the Planning Council cited service coordination as a major concern. But it is reassuring that the surveys also reported that most mental health and substance-abuse services are available in the region, although some services may not be meeting the demand or conveniently located.

It should be noted that almost all mental health and substance-abuse agency providers collaborate freely on relevant issues. This is evident by the lack of major gaps in services. Most of the major findings brought attention to the need to expand services rather than to create new services. It is also noteworthy that consumers expect services to be easier to access.

### Recommendations

- **Develop a statewide specialized prescription benefit program.** More than 80 percent of the treatment for mental illness includes prescribed medication. There is serious concern over the affordability and availability of medications. The most common cause of re-hospitalization is the lack of follow-through on medication therapy. Currently, there is insufficient funding provided to public mental health providers to cover the cost of providing medications for those who meet the state requirements to receive the current benefit.



### ***River Valley Behavioral Health***

*Council Chair:*  
*Tom Skiratko*

*Counties:*  
*Daviess*  
*Hancock*  
*Henderson*  
*McLean*  
*Ohio*  
*Union*  
*Webster*

*A system should be developed that will meet the complete needs of the individual. ... This would involve all providers having the ability to develop a cohesive and comprehensive plan that meets the individualized needs of each person requesting services and supports. While school-age citizens are in programs and services that provide good coordination, adults and seniors often do not have the same level of supports as young people.*

- **Provide statewide outcomes-based purchasing of behavioral health benefits.** Contracting for public behavioral health services over the last several years has been heavily focused on process regulation. Certain types of treatment are authorized for reimbursement without regard to patient outcomes. Measuring results from services is a more accurate way of determining their impact on the overall well being of consumers and is a better indicator of the value received by the state. All contracting should include performance standards by which organizations are measured.
- **Create funding models that are needs-based instead of program-based; allow funding to follow the consumer's needs.** Currently there is the perception that all regions are expected to provide all necessary services needed by consumers, although this is not state policy. As a result, three issues confront public providers: funding services that meet the needs of only a small segment of consumers; the fact that state funds are tied to mandated levels of treatment regardless of consumers' needs; and the statewide allocation of funds for mental-health programs. Currently there is a disproportionate allocation of funds between the rural and more-populated regions of the state.

## Region 4

Region 4, encompassing the Barren River Area Development District in south-central Kentucky, has a mixed economy with most of its families living below the poverty level. The 10-county region also encompasses the large geographic area of 8,000 square miles.

### Major issues: money and staff

Funding and professional staff shortages are the region's dominant and interrelated needs. Safety net funding for the community mental health center has been decreased in the last two years.

The region offers fewer than half of the services needed by consumers, and only half of the qualified professionals needed to deliver services are trained and available. Also, although the region is home to a regional university, there are few graduates from needed disciplines, and recruiting is very difficult from the state's major universities.

### Recommendations

- **Increase funding over an extended period to bring Kentucky up to the national median.** General-fund spending has not kept pace with the growth in the cost of living in recent years.
- **Develop collaborative, statewide, and regional initiatives to reduce staffing inadequacies.** These aggressive strategies should involve universities, post-secondary education planning entities, and service providers. Attention is needed on such areas as courses that develop the professional skills needed by service providers and credentialing for those professionals. Effective strategies also will consider geographic location, probably requiring incentives to encourage professionals to locate in rural areas.
- **Improve coordination of service planning and delivery.** This would include data collection about all providers; a planning process involving all state and regional stakeholders; integrated criteria for admission, levels of care, and



### *Lifeskills, Inc.*

*Council Chair:*  
*Heidi Huddleston*

*Counties:*  
*Allen*  
*Barren*  
*Butler*  
*Edmonson*  
*Hart*  
*Logan*  
*Metcalfe*  
*Monroe*  
*Simpson*  
*Warren*

*A total of 243 more professionals are needed in the region.*

*Most psychiatric admissions are in non-psychiatric hospitals.*

Kentucky Hospital  
Utilization & Services  
Report, 1999

*Kentucky has a respectable system ... reputation for innovation ... potential ... but the limiting factor will be money.*

Care of the Seriously  
Mentally Ill Report

transfer/discharge; a centralized clearinghouse and gate-keeping function; setting priorities for services; and balancing resources. Although coordinated planning isn't a solution to problems created by insufficient resources, significant efficiencies and priority-setting could be accomplished.

**Create flexible funding that provides incentives for creative and collaborative local service systems.** Requiring credentials and other desirable characteristics to assure quality services sometimes is unrealistic — at least without adequate lead time and preparation strategies. Things that work in one region will not work everywhere. Complex funding, resources, and implementation in such areas as transportation, housing, and employment would be especially enhanced. Peer and self-help resources could be used efficiently and effectively.

## Region 5

Set in the geographic center of the state, Region 5 is Kentucky's fifth most populous region. Its central location contributes to an unusually large transient population. The demographic mix includes Fort Knox and large numbers of military and civil-service retirees who will have a growing need for geriatric services. More than one-third of the region's population lives in its center, Hardin County; the remaining two-thirds live in rural areas.

### Major issue: money

Underlying all of the region's concerns is the lack of adequate funding for behavioral health. For years, public and fiscal policies have given such funding a low priority. Ranking near the bottom in the nation for mental health and substance abuse services is no longer acceptable.

The safety net has been whittled away over the years due to inflation and higher program costs. Demands for increases in penetration, quality, and types of services have not been accompanied by the money they require. Indeed, the salary structure is so low that behavioral health has essentially become a prime training field for young professionals looking to move on to higher-paying jobs elsewhere.

Concerns about the number and quality of caregivers are evidence of the region's inability to maintain an adequate safety net, let alone expand it to needy populations (dual diagnoses patients, children, adolescent substance abusers, and the aging).

### Recommendations

- **Increase total outpatient interventions with children.** The single most significant barrier to meeting consumers' needs is the inability of the safety net to compete for specialized professionals. It is not uncommon for supervisory positions within the safety net to offer salaries that are barely competitive with entry-level positions in the private sector. Strong relationships with university training programs clearly are warranted.



### *Communicare*

*Council Chair:*  
*James Fugitte*

*Counties:*  
*Breckinridge*  
*Grayson*  
*Hardin*  
*Larue*  
*Marion*  
*Meade*  
*Nelson*  
*Washington*

*Mental health and substance abuse treatment for the aging has historically been underutilized. As the population at large disproportionately ages, the special demands created by Fort Knox will need to be addressed.*

*Region 5 teen mortality was 50 percent greater than the state mean between 1995 and 1999.*

*The Carrolton bus tragedy of 1988 remains a significant watershed event in the region. In some convoluted way, this event may have deflected some impetus to intervene with our teenagers by focusing attention on the drunk driver.*

- **Improve transportation services.** Transportation alone appears to represent one of the most significant challenges to engaging individuals in treatment.
- **Increase total outpatient capacity and prevention programming for adolescents who need substance abuse services.** The primary diagnosis of substance abuse, in general, needs to be covered by Medicaid. This view is based on the knowledge that untreated substance abuse, particularly in the young, creates a long-term demand on nearly every sector of our community. The state should also decentralize funding for prevention and allow spending based on community demand and input. Similarly, loosening standards for what constitutes a prevention activity is a necessary prerequisite for community-based planning and prevention.
- **Establish an adult crisis stabilization unit and provide local treatment for involuntary hospitalizations (based on a mental inquest warrant).** Allowing Medicaid to reimburse adult crisis stabilization would do much to insure the viability of needed programming and decrease costs by avoiding hospitalization. Treating involuntary hospitalization cases locally would result in smoother assessment, the need for fewer criminal justice resources, better case management upon discharge, and overall continuity of care. This population includes a high proportion of dually diagnosed individuals who often are the most difficult and complex cases.
- **Provide funding for sober housing for dual diagnoses and substance abuse. Removing barriers to Medicaid funding would be necessary.** Drug treatment for incarcerated individuals is indispensable to reducing recidivism. Similarly, drug courts are considered an important component in reducing drug use and overall criminal activity.

## Region 6

Metropolitan Louisville is the state's largest urban center, with Bullitt, Shelby, and Oldham as suburban counties and Trimble as a rural county. Spencer and Henry are the fastest-growing counties in state.

### Major issues: diversity and demand

The region has highest percentage of African-Americans in Kentucky and a growing influx of refugees and immigrants. The region also has three state correctional facilities, with inmates often released to area programs.

### Recommendations

- **Increase supported housing for persons with mental illness and substance abuse problems by 50 percent by 2006.** Housing must include an array of supportive services to encourage and sustain independent living, including job training and placement, transportation, interpreter/translation services, child care, training in daily living skills, case management, support groups, medication monitoring, nutrition, recreation, and socialization activities.
- **Increase by 25 percent by 2006 the availability of support services that facilitate coordination of mental health and substance abuse treatment and care.** This is particularly crucial outside of Jefferson County. Also, increase flexible funding for supportive/normalizing activities.
- **Develop a seamless, coordinated continuum of care to successfully transition people with mental illness and/or substance abuse problems from institutional care to community care,** helping to reduce inappropriate and unnecessary hospitalizations and repeat offenders in the criminal justice system each by 25 percent by 2005; 50 percent by 2010.
- **Increase the ability of physicians, school personnel, clergy, law enforcement personnel, and other professionals to effectively identify and screen for mental health and substance abuse problems,** and then to access and/or refer individuals to the most appropriate services.



### *Seven Counties Services, Inc.*

*Council Chair:*  
*Bernie Block*

*Vice-Chair:*  
*Joanne Maamry*

*Counties:*  
*Bullitt*  
*Henry*  
*Jefferson*  
*Oldham*  
*Shelby*  
*Spencer*  
*Trimble*

*Language and culture never should be an impediment to accessing or receiving services of any kind, and all services should be accessible to persons with disabilities and should reflect the cultural and racial make-up of our community.*

*“A major human rights issue within 10 years will concern individuals with disabilities such as mental illness or substance abuse problems.*

*“My message is that ‘You can pay me now, or you can pay me a lot more later,’ to address behavioral health needs. It will be much, much, much more expensive later in terms of hospitalizations, incarcerations, and physical deterioration.”*

Bernie Block  
Co-Chair  
Region 6 Planning Council

- **Attempt to improve the quality of care for mental health and substance abuse by increasing access and choice for the public** through expanding and diversifying provider participation in public-sector programs by 2005.
- **Increase diversion of defendants with mental illness and/or substance abuse-related problems by 50 percent by 2010.**
- **By 2005, require all providers statewide to participate in a standardized outcome measurement system** so information can be shared among providers and the general public.
- **By 2002, provide consumers/families statewide an easy method or process for asking questions, filing complaints, registering grievances, and filing appeals.**
- **By 2003, increase by 25 percent the current capacity of therapeutic schools/classrooms and before- and after-school care for children and adolescents** who have serious emotional disturbances or other special behavioral health needs. Increase capacity 50 percent by 2006; 100 percent by 2010.
- **Reduce barriers to accessing mental health and substance abuse services**, and increase the number of persons served in the region by at least 5 percent annually over the next 10 years.
- **Establish five permanent and five mobile comprehensive health care service units in the region by 2010.**
- **Make the most appropriate medications available to those in need**, and expand medication monitoring.
- **By 2010, require licensure and/or accreditation of all appropriate agency/facility providers by appropriate licensure/accrediting bodies.**

## Region 7

The Northern Kentucky Area Development District, stretching over 1,678 square miles, has been one of the most rapidly expanding population regions in the Commonwealth for the past 20 years. The region has a complex mix of urban, suburban, and rural settings with approximately 84 percent of the 385,000 residents living in Boone, Campbell, and Kenton counties.

### Major issue: availability of services

The need to increase service availability across the board overshadowed any specific targeted area as the number-one issue for the region. The rapid population expansion has served to further tax an already seriously underfunded service-delivery system and to create a state of critical need. This is especially evident in the five rural counties of the region where population expansion averaged 17.4 percent between 1990 and 1999.

In a recent survey (Spring 2000) of community agencies and service providers, conducted by NorthKey Community Care as part of the needs-assessment project, nine items were rated as “critical needs” by 42 percent or more of the 227 survey respondents.

The identified areas of critical need were:

- Psychiatrists
- Psychiatric medications
- Early assessment and treatment for children
- Adult substance abuse residential treatment
- School-based services
- Transitional support and recovery services for substance abuse
- Intensive outpatient treatment for adolescent substance abuse
- Adolescent residential treatment services
- Increased and faster access to services

The council is committed to the collaborative process and continues to meet and collect regional data on a regular basis. For example, crisis-stabilization services for adults and adolescents are a critical need for the region, based on recent information from a focus group and experiences of council members.



### ***NorthKey Community Care***

*Council Chair:*  
*Carol Fausz*

*Counties:*  
*Boone*  
*Carroll*  
*Campbell*  
*Gallatin*  
*Grant*  
*Kenton*  
*Owen*  
*Pendleton*

*Current laws and systems (of treatment resources) make it easy to “be a drunk and stay drunk.”*

A focus group participant

*“There are relatively few doctors and specialists, only one short-term treatment facility (with a waiting list), no long-term treatment facilities, near to non-existent wrap-around services, few school-based services and a need for public awareness of mental health disorders.*

*“My son must face life each day different than you or I due to his illness, but he deserves the same quality of life that you and I enjoy each and every day. He cannot have the quality of life without help from the mental health community...”*

A parent

*Estimates suggest that ninety percent (90%) of individuals with a mental illness and on disability do not work; the highest percentage of any group. ... One of the significant barriers to individuals on disability acquiring meaningful work is the loss of Medicaid once their income exceeds \$700 per month.*

Region 7 Planning Council  
Report

## Recommendations

### ● **Increase the availability of mental health and substance abuse services to the residents of the region by:**

- Changing the formula for the allocation of state money so that it is primarily tied to the population of a region.
- Expanding the services covered by Medicaid to include substance abuse services.
- Broadening the Medicaid eligibility requirements to qualify more families and children for coverage.
- Expanding the eligible providers for Medicaid reimbursement.
- Collaborating with colleges, universities, and medical schools to produce more clinicians for the region.
- Maximizing the use of existing resources through the development of local service-coordination efforts.
- Working with state, regional, and local authorities to develop transportation options to help clients get to necessary appointments.
- Developing collaborative funding streams through partnerships between the state, regional, and local funding agents so that the full continuum of needed services can be developed. Investing in the development of additional consumer-directed recovery services.
- Developing a regional grievance procedure that involves an independent external review process.

● **Formally validate the needs assessment and planning process established by House Bill 843.** Financially support the process so data can continue to be gathered in order to more fully assess the needs in some emerging and ongoing service areas, such as the aging population, the non-English-speaking population, people in the criminal-justice system, and people with other disabilities such as hearing impairment or physical challenges.

## Region 8

Region 8, also known as the Buffalo Trace Region, is rural and remote, has a population of less than 60,000 people and, according to available socioeconomic data, is more impoverished with a larger percentage of people on public assistance than the state in general.

The region is limited in health care resources. All of the counties except Mason are classified as Health Professions Shortage Areas. Mason qualifies as a Health Profession Shortage Area for all mental health professions, especially psychiatry.

### Major issues: funding, access, staffing

Our current system of state funding suffers from a hardening of the categories: Historically it has targeted specific groups to serve, but very often this creates gaps that leave vulnerable populations unserved. Also, state General Fund support to community mental health centers, which allows proper staffing and retention, has not increased.

### Recommendations

- **Switch to a flexible funding approach that will make the best use of limited resources.**
- **Increase funding to allow salaries of behavioral health workers to rise to competitive levels.**
- **Provide more access** to specialized treatment services outside the region. Within the region, determine how to provide more transportation services, in-school services, local residential services, overnight crisis facilities for children and adults, and insurance coverage that emphasizes early intervention.
- **Initiate several new policies to improve services and outcomes** as well as provide a positive economic impact for communities throughout the state. These policy initiatives include eliminating disparities for vulnerable populations;



***Comprehend, Inc.***

*Council Chair:*  
*David Bolt*

*Counties:*  
*Bracken*  
*Fleming*  
*Lewis*  
*Mason*  
*Robertson*

*If behavioral health standards were applied to physical health, coronary patients could not access services until after their first bypass surgery.*

*People with mental health and substance abuse problems are often blamed for their own problems. People with physical health problems which clearly result from unhealthy lifestyle choices are not perceived in the same light.*

*The physical health system and payers encourage early intervention. They realize that early intervention will lessen long-term costs to the system and suffering for the patient.*

*When will it be realized that delayed early intervention in mental health and substance abuse services stigmatizes patients and costs the system more?*

*If, as a state and a people, we want our children to attain the lofty educational and economic goals we have established as a society, then, we must give them the tools they need.*

*They must have their health. They must be mentally and physically free of disease so they can grow and learn.*

increasing access to early intervention services; supporting a collaborative, community-based service delivery system spanning the continuum of care; and targeting strategies to improve performance and efficiency as well as client and community satisfaction.

## Regions 9 & 10

These regions cover ten mostly rural counties in northeastern Kentucky, with 24 percent of the residents living in poverty. The area ranks sixth in the state for coal production, with steel production and oil refinery as major industries.

### Major issue: money

The Planning Council defined the safety net as "the full array of services available in the service system and the resources to pay for services for which the people have no means to pay for themselves." While hospitals have the Disproportionate Share Fund to help reimburse for the care of people who are unable to pay, outpatient behavioral health providers do not have such options. This leaves only the public providers to care for those who cannot pay. To create a truly integrated, community-based service system, all providers must be part of the safety net.

### Recommendations

- **Create a regional safety net funding pool** to which all providers will have access. Also, increase funding for safety net services.
- **Develop an intensive follow-up/after-care program to reduce re-hospitalizations.**
- **Offer residential programs for persons with mental illness and for substance abusers.** Women often hesitate to enter residential programs they need to overcome their problems for fear of losing their children. Others need assisted-living services to transition to independent and self-sufficient lives.
- **Create a local residential treatment center for children.** Any service system needs a full array of services, ranging from less restrictive outpatient care to more restrictive residential care. However, all care must be close to the child's home community to allow participation of the family.
- **Offer more wrap-around services for children.** Wrap-around services are a proven strategy that help children and



*Pathways, Inc.*

*Council Chair:  
Helen Kendrick*

*Counties:  
Bath  
Boyd  
Carter  
Elliott  
Greenup  
Lawrence  
Menifee  
Montgomery  
Morgan  
Rowan*

*The safety net is the second net, the one that catches people falling through the first net.*

*Twelve to 14 percent of the region's residents do not have health insurance, and more than 20 percent of the population lives in poverty.*

*The Planning Council was struck by the continued relevance of the 34-year-old plan established by Kentucky, Pattern for Change, published in 1966.*

*Revisiting Pattern for Change today would give Kentucky the road map needed to meet the mental health and substance abuse needs of the Commonwealth's citizens.*

families overcome problems and reduce the need for more restrictive levels of care.

- **Provide intensive substance abuse outpatient services for teens.**
- **Develop and advertise a resource directory.** All human services may be listed on the KyCares.net web site. This will be a valuable tool for providers to use and also is a great way for people in need to become better informed about the services available to help them. The Regional Planning Council is committed to accomplishing the complete listing of services and the advertisement of the web site to the public.

## Region 11

Region 11 is a largely rural area that ranks third in the state in the percentage of its population – 29.5 percent – that lives in poverty. More than 15 percent of the population uses some form of public assistance, and the unemployment rate is consistently among the highest in Kentucky. When prioritizing individual and/or family needs, many working poor sacrifice treatment for mental health and/or substance abuse in order to use their limited resources for basic needs.

### **Major issues: staff, insurance, transportation, public education**

Lack of qualified staff is a specific challenge to our behavioral health and substance abuse service delivery network. The constant search for professionals puts stress on the current staff, frustrates consumers, and threatens the quality of services. Often the success of a service leads to increased requests for it, which adds to the demand for more qualified staff.

Furthermore, the lack of medical insurance along with inadequate transportation and the stigma associated with treatment are systemic barriers to service delivery. These barriers particularly affect the working poor who cannot afford adequate insurance coverage or the 50-cents-a-mile public transportation rate charged by the region's gatekeeper for state funded transportation services. Yet the public stigma associated with treatment is not isolated within a specific socioeconomic group. Only public education can effectively address this problem.

### **Recommendations**

- **Pursue comprehensive planning and program development with a concentration on quality enhancement.**  
Providers in the region recognize that coordination and collaboration are essential to effectively address the poverty, lack of employment opportunity, and cultural issues endemic to this region.
- **Provide additional unrestricted funding** to enhance the array of available services assessed as inadequate to meet needs due to lack of staffing and/or lack of funding.



### ***Mountain Comprehensive Care Center***

*Council Chair:  
Andrew Dorton*

*Counties:  
Floyd  
Johnson  
Magoffin  
Martin  
Pike*

*While additional funds are needed to support the behavioral health and substance abuse delivery system, there is a finite level of funding available.*

*Region 11 recommends increasing the awareness of both the public and policy makers regarding mental illness and substance abuse. We encourage effective change by increasing the share of public dollars appropriated to support treatment.*

*Region 11 recognizes that maintaining an effective system of care requires respect for the culture inherent to Eastern Kentucky. Cultural traits recommended for integration into an effective system of care are:*

- *Appalachian pride*
- *Strong social networks including extended family and intergenerational rapport as well as school and church-based ties*
- *A value system favoring the small scale over the large scale, family interest over individual interest, place over mobility, cooperation over competition, and inaction over confrontation.*

- **Continue to increase access to appropriate services for children.** Support school- and community-based services including additional funding for IMPACT and other research-based programs which emphasize collaboration among mental health, school, and community partners.
- **Continue to improve the system for adults with repeated referrals as they transition from one service to another or as they request additional services using several providers.** A payor system that includes acceptance of involuntary admissions would improve access for residential treatment.
- **Expand the transportation system.** Provide access for more eligible participants to the therapeutic rehabilitation services offered at various sites as well as other services.
- **Develop a residential program in the region for substance abuse treatment.** Fund a regional four-bed inpatient medical detoxification unit. Support sober living and transitional living services by funding 15 positions for men and 10 additional positions for women.
- **Develop adolescent substance abuse services. Create residential treatment services for adolescents including eight short-term residential slots and 12 long-term residential slots.** Expand outpatient and school-based substance abuse counseling which has been identified as a critical need by schools, therapists, and families.
- **Offer increased incentives to enter behavioral health disciplines where there are shortages of staff** (including therapists, case managers, substance abuse counselors, crisis consultants, social workers, psychologists, psychiatric nurses, and psychiatrists). In addition, revising current regulations to authorize bachelor's-level staff to provide services under appropriate supervision would enhance staff development.
- **Reduce the stigma of treatment for mental health** by public education through many forms of media.

## Region 12

The people of the mountains know about challenges and adversity: That is their history. Every day they experience the challenges that mental illness and substance abuse bring to their families and friends. Perhaps because of the pervasive burden of mental illness carried by mountain people, community response to these challenges is growing stronger.

### Major issue: Lack of resources

There is much evidence that current resources do not come close to meeting documented needs. Children suffer from abuse, assault, addictions, and poverty. An epidemic of substance-abuse problems is costing lives and breaking up families. Most people requiring treatment have multiple problems. Indeed, the mental health needs of the region are so strong that they overwhelm the people and agencies trying to meet them.

### Recommendations

- **Expand model programs for children begun by the Kentucky River region to make them available region-wide.**
- **Expand the nationally recognized Kentucky River Appalachian Project treatment model for substance abuse to all eight counties.** Treatment programs must have all avenues available to combat this problem. The prescription drug abuse of Oxycontin and other pain killers must end.
- **Develop new models of dual diagnoses psychiatric treatment.** Mental illness and substance abuse go hand in hand, so programs will only be effective if they are dual diagnoses programs. Models that include a broad array of mental health professionals, including psychiatrists, will improve effectiveness. These models are urgently needed because most people requiring treatment have multiple problems.
- **Allow communities to customize their policy and treatment approaches.** A one-size-fits-all approach limits innovation. Eliminating the regulations that force conformity and failure will strengthen a community's ability to help itself.



**Kentucky River  
Community Care, Inc.**

*Council Chair:  
Lynda Congleton*

*Counties:  
Breathitt  
Knott  
Lee  
Leslie  
Letcher  
Owsley  
Perry  
Wolfe*

*As one member noted,  
“The severity and complexity of the problems in the Kentucky River Region are as great as anywhere in the nation, so the solutions must be as strong.”*

*Strong solutions for desperate problems require sufficient resources.*

*“Kentucky is among the top five states with respect to service needs for the mentally disabled and is among the bottom five with respect to funding needed services. Kentucky remains 46th in per capita spending for mental health and substance abuse services while the needs are among the highest in the country.*

*“If Kentucky can afford to support the Kentucky Wildcats as a top 25 college basketball team, it can also afford to support mental health and substance abuse services at the top 25 level.”*

Cynthia Cole, Ph.D.  
Regional Council Member

- **Develop residential and vocational services that meet community needs.** The beneficial results of visiting a clinic for mental health treatment usually evaporate if a consumer returns home to inadequate housing and family despair. Treatment programs must have the resources to shore up inadequate social support systems or to provide alternative ones.
- **Develop education and training programs in the region for mental health professionals.** Without skilled people, all other efforts are wasted. Funding is needed for incentives that encourage professionals to live and work in the mountains.
- **Reward positive outcomes to get results.** Mountains of paperwork, restrictions, and regulations get in the way of achieving results. Mental health systems that reward results rather than bureaucracy are the right models for the new millennium.
- **Take a new policy direction in Kentucky that seeks to establish the Commonwealth as a national leader in community-based care for individuals with mental illness and addictions.** The legislature and executive branches as well as the regional mental health authorities should formally adopt this new direction.
- **Develop a new public partnership with a treatment paradigm of community-based care** among the Cabinet for Health Services, the Department of Mental Health and Mental Retardation Services, educational institutions, and regional authorities. Current regulations, educational opportunities, training programs, and licensing requirements require modernization.
- **Formalize and fund this new policy direction by asking the General Assembly to adopt it into law and pass legislation to increase the per capita state General Fund spending by \$30 per person throughout the state.**

## Region 13

Region 13 is rural and mountainous with high rates of poverty, unemployment, incidents of violent behavior in schools, teen pregnancy, and crime.

### Major issue: funding

The region currently has a shortage of staff and lacks some important services such as an adult crisis-stabilization unit, residential and inpatient treatment for teen-agers, adequate transportation, and housing options. There are no boarding homes, group homes, or staffed apartments, for example.

### Recommendations

- **Provide adult and children crisis stabilization services.** Admission to local and regional hospitals could be reduced if an adult unit were initiated. Often the individual in a psychiatric crisis could be stabilized in a short-term facility without the need of inpatient care. A children's unit has been established and could be expanded; however, it was funded at a lower rate than other regions' units.
- **Provide more residential treatment and housing for adults with mental illness.** There are currently 26 beds for residential treatment in the region. There are no boarding homes, group homes, or staffed apartments. Applications have been made through Kentucky Housing but were denied because there are no housing-assistance payments available for our region.
- **Offer geriatric day care.** A limited amount of services are being offered in our region because of lack of funding. This service allows families to work and maintain a loved one at home, knowing that their special needs are being met.
- **Provide residential treatment for adolescents with substance abuse disorders.** Currently our region does not have a residential program. Most of these children stay in the region, putting pressure on all social services systems to provide services. These young people create difficulty in other



### ***Cumberland River Comprehensive Care Center***

*Council Chair:  
Ralph Lipps*

*Counties:  
Bell  
Clay  
Harlan  
Jackson  
Knox  
Laurel  
Rockcastle  
Whitley*

*Several years ago the General Assembly approved the establishment of crisis stabilization programs. They have been funded in many regions but not in ours. These units have proven to very successful.*

*The percentage of adolescents requiring incarceration who have serious enough substance abuse problems to require residential treatment is estimated to be 80 to 90 percent.*

areas of society as well; the legal system also lacks appropriate placement options and must pay other counties to house our residents.

- **Provide intensive outpatient programs for adults and adolescents with substance abuse disorders.** These programs have a tremendous cost-saving benefit while offering quality service in a safe environment.
- **Support drug courts.** This concept, put in place by the Administrative Office of the Courts to deal with non-felony offenders, requires several entities to come together on a regular basis to plan treatment for offenders. This eliminates the offender's ability to manipulate provider systems and the courts.
- **Offer prevention programs.** Science-based prevention programs in the schools offer the best solution for stopping problems before they begin.
- **Offer a non-medical detoxification program.** There is a great need for this in our region. Such a program would be five to seven days long and admit all but the most serious cases.
- **Provide more substance abuse residential treatment for adults.** There is a long waiting list for all of the private and public programs. Some of these people go out of region, and others are not served.
- **Provide inpatient treatment for adolescents.** Baptist Regional Medical Center provides the only acute care for adolescents in the region. The hospital has limited funds for indigent care and has shown a need for additional beds.
- **Expand school-based services for children.** Cumberland River Comprehensive Care continues to add services to schools with a federal initiative called the Bridges Project. The Department for Education and the Center for School Safety have recognized the importance and impact the project is having with children and adolescents. This program needs to be expanded; it currently covers only five schools.

## Region 14

The Lake Cumberland Region has one of the highest rates of penetration in serving adults experiencing a severe mental illness, 53 percent, and the highest penetration rate in serving severely emotionally disturbed children through the IMPACT initiative. This is true despite the fact that the region receives one of the lowest per capita allocations in Kentucky: 59 cents, well below the state average of 98 cents.

### Major issue: access

Information gathered by the Regional Planning Council overwhelmingly targeted issues of limited access to services and supports. The data suggest that services to the elderly and adult populations are being delivered to a small portion of those who need them.

Regional capacity estimates indicate that at any given time the region has the capability to provide outpatient treatment, medication management, and psychiatric services for only 2 percent of the adult population who have substance-use disorders. In terms of general mental health treatment services, the data suggest the region has the capacity to provide outpatient treatment, medication management, and psychiatric services to 18 percent of the population at any given time.

### Recommendations

- **Increase access to services by increasing transportation opportunities.** This would include increasing access to driver's education programs and recommending modification of existing policies related to time allotments for transportation.
- **Increase the availability of mental health and substance abuse treatment professionals in our region.** Incentives should be provided for professionals to be recruited, retained, and rewarded for service, especially in rural areas.
- **Decrease the number of individuals who are referred to other regions and other states for residential substance abuse treatment services** and increase the number of individuals who receive more appropriate levels of care locally.



### **ADANTA**

*Council Chair:*  
*Wanda Bolze*

*Counties:*  
*Adair*  
*Casey*  
*Clinton*  
*Cumberland*  
*Green*  
*McCreary*  
*Pulaski*  
*Russell*  
*Taylor*  
*Wayne*

*“Finding the means for clients to find, gain, and utilize whatever help they may need at the time. Encouraging and empowering clients who are trying to help themselves. Giving opportunities to feel good about themselves.”*

Consumer Survey Response

- **Develop/increase the availability of transitional services and supports for adolescents**, especially those turning 18 years of age, who will no longer be eligible for many services. This could include developing and implementing mentoring and peer support programs.
- **Establish an adult crisis stabilization program.**
- **Increase public awareness of mental health and substance abuse needs and the existing array of services in the community**, and encourage proactive involvement to promote advocacy and support for consumers and their families, to reduce stigma, and to empower consumers and their families.
- **Increase access to supports and services that promote independent living.** This could include increasing the availability of pre-employment skills training and increasing subsidized housing and transitional services for those individuals who seek to re-enter the workplace to give them assistance and support for success instead of a lifetime of state support.
- **Provide more funding.** There must be more financial resources directed toward improving access to appropriate services and necessary supports. These include substance abuse treatment and non-medical detoxification programs, children’s day treatment programs, and school-based services. More funds are needed to provide specialized training to law enforcement and probation staff, to expand the availability of drug courts, and to establish mental health courts. Also, safe housing for the most vulnerable of our population — the severely mentally ill, single women with children recovering from substance dependence, and youth transitioning into adults — is an indispensable resource needed to move these individuals into productive and meaningful lives.

## Region 15

The Bluegrass Region is most aptly characterized by its diversity. It encompasses the second-largest urban area in the Commonwealth, very rural counties, and many small communities. The region is often seen as one of the economic engines of the state and serves as a hub for the central and eastern sections of Kentucky. It is well documented that many people from outside the region come to the Bluegrass for health care, other human services, financial services, and education.

### Major issues: access to medication, flexible funding and services

Whether it is the result of transportation barriers, a lack of understanding, or limited funds, access to services presents particular a challenge for many consumers in the region.

### Recommendations

- **Ensure that an increased number of individuals with mental health and substance abuse disorders have access to psychotropic medications that are effective and improve a person's quality of life regardless of an individual's ability to pay.** Access to psychotropic medications is a key element of treatment. Consumers need information, education, and choice in decisions concerning medication regimens. Enhanced funding is necessary to ensure that consumers have access to medications and medication support services, including psychiatric and laboratory services. It is imperative that funding is available for medications that are both effective and offer improvement in the quality of life.
- **Ensure that all children and youth in need of behavioral health care services receive appropriate care.** Additional funding is necessary to develop and support additional services for children and youth. It is particularly important that the funding not be restricted to very specific facets of the population. Current funding for services for children and youth is so targeted that it is largely unavailable for a majority of the population needing services.



### ***Bluegrass Regional Mental Health-Mental Retardation Board, Inc.***

*Council Co-Chairs:  
Philip Berger  
Samuel Brown*

*Counties:  
Anderson  
Bourbon  
Boyle  
Clark  
Estill  
Fayette  
Franklin  
Garrard  
Harrison  
Jessamine  
Lincoln  
Madison  
Mercer  
Nicholas  
Powell  
Scott  
Woodford*

*We strongly believe that the best outcomes for our communities, with respect to mental health and substance abuse issues, are a consequence of the efforts of local citizen groups such as our Regional Planning Councils.*

- **Improve and enhance client access to transportation services and expand/customize services to meet the needs of clients while recognizing the inherent differences of special populations.**

Transportation is a crucial component of the service delivery system, but the current transportation system lacks the flexibility needed by consumers of mental health and substance abuse services. Weekend and evening hours are needed to provide access to essential services. In addition, transportation providers should receive orientation and training on mental health and substance abuse issues to effectively manage risk and crisis situations.

- **Develop an uninterrupted substance abuse service delivery system from detoxification through after-care.**

Substance abuse services should be readily available at the time they are needed to prevent relapses and myriad social and legal problems.

- **Improve access to a spectrum of safe, affordable, age-appropriate housing for adults in the region who have mental illness.** Housing is not only essential to enhance the quality of life for individuals, but is also a necessary component of maintaining individuals in treatment. A wide range of options is needed to ensure that available housing is safe, affordable, age-appropriate, and meets the unique needs and abilities of individuals.

- **Develop day treatment programs within the region to serve children and youth.** This service is virtually non-existent in the region and is greatly needed to stabilize the child within the community, in home, and in school, rather than in restrictive environments or institutions.

# Common Issues

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A number of themes were identified by many, if not all, of the Regional Planning Councils during the course of their work. These were identified by the commission as Common Issues.

## Collaboration

The planning activities authorized by House Bill 843 represent the first step toward increased collaboration in Kentucky as well as an increased commitment to developing an integrated, community-based system of care. The bill has brought all stakeholders to the table at both the state and regional levels.

The recognition of the importance of collaborative strategies and the need to develop ongoing collaborative efforts at every level were reflected in the frequency with which the Regional Planning Councils included references to collaboration in their reports.

The next steps toward collaboration and commitment include:

- Assuring coordination with other planning and oversight entities.
- Creating a seamless continuum of care for all consumers who are dealing with mental illness or substance abuse, particularly those transitioning from an institution to the community.
- Reinforcing and strengthening the behavioral health safety net in each region.
- Increasing collaboration and coordination among service agencies, community leaders, consumers, and family members in each region.
- Collaborating with community partners to identify opportunities to educate the public and to promote activities to destigmatize mental illness.
- Continuing the collaboration of state-level cabinets and departments for strategic mental health and substance abuse planning.

*“The short and sure road to despair and surrender is this: to believe that somewhere there exists a scheme of things that will eliminate conflicts, struggles, stupidity, cupidity, personal jealousy. The idea of utopia is mischievous, as well as unrealistic and dull to boot.”*

David Lillienthal,  
From *Blueprint for Mental Health in Kentucky*,  
A report from the Kentucky Association for Mental Health, 1979

*Planning such as this, which involves a wide range of participants, can result in a more fully developed process, with more comprehensive gathering of data and resources.*

## Planning

Each region's mental health and substance abuse needs, and the systems to meet them, are different: No one-size-fits-all statewide policy can effectively address the needs of each region.

Therefore, the 14 community mental health centers in Kentucky need to continue to play a significant role in planning the most cost-effective programs for their regions. It also is important for regional planning councils to continue to meet and act on regional priorities. Goals set by these councils will help guide collaborative efforts among agencies, providers, consumers, and community representatives.

With that in mind, recommendations for planning initiatives across Kentucky include:

- Designing incentives for local hospitals to set up detoxification units or local agencies to establish non-medical detoxification facilities, and expanding the pharmacy oversight system for all medication users to provide intervention for high-risk drug users.
- Continuing the “bottom-up” planning process created under HB 843 with the goal of creating a fully integrated service delivery system.
- Annually reviewing regional funding needs to make sure the region can continue to provide the required safety net basic services.
- Developing a seamless, coordinated continuum of care to successfully transition persons with mental health or substance abuse problems from institutional care to community care.
- Reviewing state university plans and programs to make sure they can help meet staffing needs within the mental health and substance abuse system.
- Working with housing agencies to increase the number and variety of units for transitional populations throughout Kentucky.
- Collaborating with the University of Kentucky Sanders-Brown Center on Aging to develop programs for the elderly.
- Instituting planning which would result in increased availability of a variety of affordable, supported housing options for those with mental health and substance abuse problems.

## Fiscal Policy

There is no question that Kentucky spends too few state dollars on mental health and substance abuse programs and that it should increase spending until it improves its ranking among the states from 44th to 25th in non-Medicaid funding. This will require making the case, to the public and to policy leaders, that spending more money now will reduce the societal problems and additional costs caused by untreated mental illness and substance abuse.

How Kentucky spends and manages this additional money also is critical. Among other things, the safety net in each of Kentucky's 14 regions should be fully functional. Funding streams should be more flexible and should follow the individual rather than the program. Private and public agencies that provide publicly funded mental health and substance abuse services should meet the same performance standards.

Based on these and other goals, recommended funding initiatives include:

- Making the most effective medications available for all patients; developing Medicaid and other third-party rates for acute partial hospitalization that are equal to Medicare rates.
- Expanding Medicaid coverage to include substance abuse services.
- Supporting regional flexible safety net funding.
- Providing stipends for training, recruiting, and retaining qualified mental health professionals, with special attention to under-served and minority populations.
- Increasing funding for housing supports provided for consumers who receive mental health and substance abuse services.
- Securing transportation money to improve access to mental health and substance abuse services.
- Collaborating with the criminal justice and corrections systems to add drug courts and fund related assessment and treatment programs; creating diversion programs for individuals with mental illness.
- Providing additional funding to complete the statewide network of regional crisis stabilization services for both young people and adults.
- Collaborating with the Workforce Development Cabinet to increase supported employment opportunities.

*Kentucky's national ranking in non-Medicaid spending was reported in Funding Sources and Expenditures of State Mental Health Agencies: Fiscal Year 1997, a publication of the National Association of State Mental Health Program Directors Research Institute, Inc.*

*More programs will become available to all persons according to need when programs are underwritten financially, either through third-party payments, grants, or public funding.*

## Public Policy

In the absence of an overall, integrated plan for mental health and substance abuse services in Kentucky, policy is set in a piecemeal fashion with sometimes inconsistent results. And at times, policy decisions are not tied to acceptable and verifiable data.

Not only must Kentucky examine its laws, regulations, and databases to identify and address gaps and contradictions, it also must consider its long-term goals and the significant policy changes that are necessary to move the state toward those goals.

These include:

- Choosing service providers based on proven outcomes and requiring all providers to have a grievance and appeal system and access to translator/interpreter services.
- Urging insurance companies to expand coverage for mental health and substance abuse services and to expand formularies to include the newest and most effective psychotropic medications.
- Establishing outcomes-based evaluation of mental health and substance abuse services, gathering data on treatment efficacy which includes cost-savings.
- Reaffirming the planning authority and oversight responsibility of regional boards and establishing a new policy direction for Kentucky to make the state a national leader in community-based care for people with mental health or substance abuse problems.
- Reviewing existing statutes and regulations in light of the commission's recommendations and revise, draft, and propose legislation that will support these recommended policies.
- Identifying the current gaps in data and needed information and developing mechanisms that will secure meaningful data.

## Public Education

Because of the stigma of mental illness and substance abuse, people who need help may avoid treatment, families deny addiction, and communities get frustrated with the social and economic consequences of untreated illnesses.

Reducing the stigma would not only encourage more people to get help, but it would allow for earlier and more effective interventions. Public education programs would also help build support for increased funding for treatment programs and insurance coverage.

Recommendations for changing the public's view of mental illness and substance abuse include:

- Assessing public attitudes toward mental illness, identifying misperceptions and developing an educational program to counteract them.
- Sponsoring a statewide media campaign to educate the public on behavioral health issues such as prevention, early identification of problems, and effective treatments.
- Providing formal education, as well as continuing education classes, for mental health and substance abuse professionals on how to market information and programs.
- On the local or regional level, developing a comprehensive plan with community partners to start a public education program, solicit grants for innovative local programs in substance abuse and prevention.
- Increasing education for consumers and family members on treatment availability and efficacy, quality measures, and how to access a grievance/complaint process.
- Setting up a statewide toll-free number for treatment and support-group information; establishing a clearinghouse for information for professionals and consumers; and providing speakers to community groups, schools, and universities and others on mental health and substance abuse topics.
- Increasing education for physicians, school personnel, law enforcement and judiciary, clergy, youth workers, and others to identify mental health and substance abuse problems and to appropriately refer individuals for treatment.

*Educating physicians, school personnel, clergy, youth workers, and law enforcement personnel will increase the likelihood of individuals being identified and treated earlier and more effectively.*

*With increased staff availability, there will be a decrease in the number of referrals to other regions and other states for services, thereby increasing the number of persons receiving appropriate levels of care locally.*

## Staffing

More and better-trained providers are needed in all parts of Kentucky—rural and urban—for the growing array of mental health and substance abuse services. But it is difficult for many communities to recruit qualified professionals, particularly in rural Kentucky. Throughout the state, there is a need for clinically trained staff who are credentialed to work with children, with the elderly, with minorities, and with multiple disabilities.

The bottom line is, without the ability to offer incentives to recruit and retain staff, programs will ultimately be forced to reduce services. Recommendations for increasing the numbers and professionalism of staff in Kentucky include:

- Offering stipends for continuing education or formal university training to people who commit to work in rural Kentucky, and providing differential reimbursement rates and incentives for rural providers. Increasing pay for mental health and substance abuse professionals in general.
- Forging relationships with universities for psychiatric internships and part-time resident employment, and developing a university curriculum that will help students meet licensing and certification requirements and get specialty training.
- Updating training curricula, providing training in second languages and/or signing for staff members and cross-training of professionals in mental health and substance abuse.
- Offering other training and continuing education stipends and tying continuing education credit to mandated curricula.
- Encouraging recruitment of minorities. Collaborating with other agencies, such as the Department of Juvenile Justice, for staff recruitment and training.
- Using technology to reduce isolation.
- Increasing the pool of providers who are eligible for
- Medicaid reimbursement for mental health and substance abuse services, as well as the pool of people other than physicians who can prescribe and monitor medications.

## Transportation

Lack of transportation is a critical barrier to consumers receiving mental health and substance abuse services. It also diminishes their ability to participate in other community activities, such as church or civic groups, that would provide support for them. This is particularly true in Kentucky's rural areas.

Transportation services can make a dramatic difference: They give consumers access to *all* appropriate treatment so they are not restricted, for example, to a single appointment a month for a medication check or limited home visits from a case manager. Transportation services also improve the speed and effectiveness of treatment by encouraging regular attendance at appointments and for group sessions.

Recommendations for addressing the lack of transportation for persons with mental illness or a substance abuse disorder include:

- Developing a voucher or other system to pay for public transportation or auto/van expenses for low-income people to all mental health and substance abuse programs; reimbursing people for the cost of transporting their children to child care while they receive mental health and substance abuse services; offering car repairs as part of support programs for consumers.
- Scheduling services to fit the timetables of consumers and working with existing transportation suppliers to increase access. Also, providing rides to consumers who have lost their driver's licenses because of DUI convictions, and transportation in medical vehicles rather than police cars for people served with mental-illness warrants.
- Developing more support groups to make services available closer to clients' homes.
- Collaborating with other agencies to share transportation and resources, and increasing the use of local resources so consumers will be served in their own communities.

*Substance abusing or mentally ill persons frequently lose drivers' licenses and access to cars, making them dependent on others to transport them to service sites.*



# Work Group Reports

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## Criminal Justice

Many Kentuckians with mental illness, a substance abuse disorder, or a co-occurring disorder find themselves caught in a repeated cycle of relapse, arrest, and incarceration with release back to the community without adequate supports.

The response to this repeated cycling of individuals with mental illness, substance abuse, and co-occurring disorders varies across Kentucky. Some regions have found ways to build collaborative relationships with law enforcement, the judiciary, public defenders, jails, and prisons. Others have been less successful at establishing these strong relationships. The barrier to the development of these relationships is directly related to a lack of funding for programs, training, and staff. In addition, there has been a lack of cross-system planning. Integrating services, sharing planning initiatives, training across systems, and sharing responsibility for the care of this population is the only practical approach to solving this problem.

The Criminal Justice/Behavioral Health Workgroup approached its work from the perspective of persons with mental illness, substance abuse, and co-occurring disorders moving across both systems: from initial contact with police, to arrest and booking, to court and conviction, to incarceration, to reentry into the community.

Three key points of possible intervention were identified, as outlined below. Overall, the work group recommended that regional planning councils focus on the interaction between the criminal justice and behavioral health systems, developing cross-systems training initiatives specific to their regions.

The hope is that regional planning councils, through local agreements, could develop an approach that addresses needs on the community level. Here are more details.

*Of the 15,550 persons currently incarcerated in Kentucky's prison system, approximately 16 percent suffer from a severe mental illness, with 60 percent suffering from a substance abuse disorder.*

*There are currently four times as many persons with severe mental illness incarcerated in Kentucky prisons as there are hospitalized in state psychiatric facilities.*

Mental Illness and Substance Abuse in the Criminal Justice System, The Health Foundation of Greater Cincinnati August 9, 2000

*The integration of services within community-based mental health and substance abuse treatment systems and the criminal justice system is the only practical approach.*

House Bill 843 Criminal Justice/BH Interface Work Group, 2001

**Diversion.** This is an effort to divert individuals at the earliest point possible and link them to appropriate services in the community. Possible interventions include police crisis intervention teams, pre- and post-booking jail diversion programs, and mental health and drug courts. Law enforcement could benefit by additional specialized training and programs that focus on working with this population. The drug courts that currently exist in Kentucky have been successful and need to be expanded. Kentucky does not have any operating or planned mental health courts; therefore an urban and rural pilot mental health court would enable the state to evaluate the effectiveness in diverting this population to services rather than incarceration.

**Incarceration.** Nearly every regional planning council report cited the need for mental health, substance abuse, or integrated treatment services for people incarcerated in county jails. A possible solution to this would be the development of regional specialized behavioral health jails that would provide treatment to this population, thus reducing the likelihood that an individual would commit another offense after being released to the community.

**Reintegration.** Pre-release planning, the concept of therapeutic parole, and adequate housing and supports for persons leaving the criminal justice system are the focus of re-integration. The identification of inmates' needs prior to release is a critical factor in their making a successful transition to the community. An increase in the available housing options for this population is greatly needed. The provision of specialized, intensive case management, adequate housing and supports, and wrap-around services are all necessary to assure that a released inmate can succeed in the community. The provision of a specialized case manager who can help the inmate plan and acquire the resources he or she needs is the key to the successful re-integration of this population into the community.

## Quality Assurance and Consumer Satisfaction

Ensuring that Kentucky offers high-quality mental health and substance abuse services that respond to the needs of consumers will be a long-term endeavor. Currently, Kentucky has no statewide standards that are aligned with national accreditation standards for providers and organizations, and some providers do not have effective quality-assurance programs. The Quality Assurance and Consumer Satisfaction Work Group identified several strategies for addressing these problems.

Here are more details.

**Standards.** Providers and organizations should be held to higher standards. They should have the option of becoming nationally accredited (by organizations identified by the state) or undergoing a similar evaluation by the Kentucky Department of Mental Health and Mental Retardation Services. Also, a state credentialing process should be developed for all providers and organizations to assure their competence in performing a particular service. They also should receive periodic and routine competency reviews.

**Quality-assurance programs.** All providers should have formal quality assurance and improvement processes. They should be required to use quality measures approved by the state and to have a formal methodology for improvement.

**Consumer satisfaction.** The Kentucky Department of Mental Health and Mental Retardation Services, with input from consumers, should identify acceptable measures of consumer satisfaction for providers and organizations. Analysis of this data should be done by an independent agency. Providers and organizations should also have clearly written grievance procedures for consumers. These procedures should allow for external review, and they should be public.

**Information.** Electronic data systems should be developed for use by providers and organizations. There should also be a centralized databank with a system-wide data set, all of which is accessible to providers.

*Consumers of mental health/substance abuse services are often seen more as passive recipients of care than active participants. In addition, because of the confidential aspect of mental health/substance abuse services, consumer participation can be unwittingly discouraged.*

House Bill 843 Work Group on Quality Assurance and Consumer Satisfaction, 2001

**Benchmarking.** A system of benchmarking – the practice of comparing a provider’s own performance to the performance of similar providers – should be developed that includes internal, statewide, and national comparisons. The state should adopt a report card for providers and organizations that reflects this information and make it available to the public.

## Children

Kentucky has many qualified, skilled, and committed people who work daily to meet the needs of our state's vulnerable children and adolescents. And many communities have an established continuum of care for children and adolescents with emotional disabilities.

Nevertheless, these continuums often have major gaps, particularly in the areas of crisis care, residential treatment options, and substance-abuse services. They are also splintered and overburdened, which may pose access problems for children and their families. And some regions simply can't afford the basic services that such continuums require.

One change that would help to address these problems is a shift to flexible funding to follow the child. This would allow children to get the particular services they need rather than limiting them to already-funded programs that may be helpful but aren't the best match in important ways.

The Children's Work Group identified five general problem areas and strategies to deal with them. Here are more details.

**Access and Availability.** The state and its regions should add more prevention and crisis stabilization programs. This includes mobile crisis units and therapeutic foster care, which should be available in all regions.

It also is important to coordinate mental health and substance abuse services with primary-care doctors and other community professionals (such as judges and teachers), educate consumers about what services are available and develop more school-based services. Kentucky also should improve coverage for people who depend on both public and private insurance and recruit more psychiatric professionals to rural areas.

**Medications and Medication Management.** The state must expand funding for medications, make sure the best medications for children are covered by Medicaid, and include a thorough

*The array of substance abuse services for adolescents is clearly not adequate for the majority of the regions.*

House Bill 843 Work Group on Children, 2001

assessment of a child's needs (for medication and other services) as a reimbursable service.

Mental health professionals should do more to educate parents and children, as well as community professionals such as teachers and social workers, about the medications children take. The state also should extend the availability and coverage of child and adolescent services from age 18 to age 21.

**Residential services.** The state should offer more residential services options in the regions that need them. It also should develop longer-term substance-abuse programs and transitional supported living for young people from 18 to 21.

**Crisis stabilization and emergency services.** Currently 12 of the 14 regions have crisis-stabilization units, which are effective alternatives to hospital care; additional programs should be funded to complete the statewide network. The state should also establish or improve 24-hour hotlines for children's services and offer emergency services and on-site evaluations at schools, jails, detention centers, general hospitals, and homes.

**Transportation.** The state must improve transportation options for children in crisis situations; develop more emergency services for adolescents with substance abuse problems; expand Medicaid's coverage of substance-abuse treatment for youth; educate community groups and professionals about available professional services; and do more to recruit and retain specialists in children's mental health.

**Substance abuse.** Kentucky needs a broader array of community-based outpatient and education services for substance abusers, including medical detoxification, an intensive-service component for moderate-to-high-risk substance abusing youth and their families.

## Adults

The Adult Work Group focused on a wide array of service needs for persons with mental illness, substance abuse, and dual diagnoses. In developing recommendations, it is important to recognize the inter-relatedness of services, making a comprehensive safety net essential to meeting the needs of adults with mental illness and substance related disorders.

Based on reports from the regional planning councils, the Adult Work Group identified nine topical areas with statewide importance and made recommendations in each. The issues and recommendations are not in priority order. Here are more details.

**Medication and psychiatric service availability.** Consumers need timely, universal access to the most effective medications for mental illness, substance abuse, and dual diagnoses. Eligibility for medications should be expanded, and formularies for Medicaid and other state-supported medication programs should be regularly updated to include the most recently patented medications and medications for treating craving. There should be more providers who are competent at monitoring these new medications.

**Housing and housing supports.** Adults with mental illness, substance abuse, and dual diagnoses have great need for access to housing alternatives. This includes independent housing as well as short-term transitional housing, longer-term halfway houses, staffed group homes, and supervised apartments and other supported living programs. Public policies should be re-examined with regard to public housing eligibility restrictions on persons with criminal records.

**Employment supports.** Consumers need supported employment services throughout the state. They need more assistance and support in getting and keeping jobs, including pre-employment skills training and long-term services through the workplace. Employers and potential employers need more education on the needs and rights of consumers and how they can reasonably accommodate them. The state should also develop a Medicaid buy-in policy for employed persons that would include coverage for substance-abuse-related conditions and thus support consumer employment.

*It is important to note the role of state government in increasing its support to meet the mental health, substance abuse, and dual diagnoses treatment needs of citizens of the commonwealth. However, it is also important to include other local and regional contributors in the effort to meet these service needs.*

House Bill 843 Work Group  
on Adults, 2001

**Crisis services.** Kentucky needs more state funding for crisis services, including crisis stabilization units, mobile crisis teams, 23-hour-hold and urgent-care beds, and in-home respite services. It is also important to educate the public about these services.

The state must also make transportation available to consumers who need crisis services and set up medical and non-medical detoxification programs.

**Residential treatment services.** Consumers need more access to community-based hospitalization instead of being sent to remote state hospitals. There also is a need for more residential substance-abuse treatment beds; rehabilitation-oriented personal care home beds for people with mental illness, substance abuse or dual diagnoses; and residential beds for substance-abusing women who are pregnant or have young children.

**Substance abuse treatment services.** Medicaid should fund the full range of services needed to treat people with substance-related disorders. There is also a need for more intensive outpatient services, detoxification, and residential treatment and community support, including relapse prevention.

**Dual diagnoses treatment services.** Funding is needed to develop integrated models of service delivery; to cross-train providers in mental health and substance abuse; and to give medication training to providers who treat consumers with dual diagnoses.

**Family and consumer supports.** There is a need for consumer operated and managed services in each region of the state. Each region needs more funding for clearinghouse services and support groups for consumers and their families. Families, consumers, and providers need more education about the roles families play in treatment.

**Services to reduce revolving-door problems.** Consumers who are at risk for repeated use of community services need particular attention. Services could include mobile crisis teams, peer intervention, psychiatric rehabilitation, training of family members, hospital stays that are long enough to be effective, collaboration on discharge planning with the hospital, jail or other institution, and collaboration with the court system on developing mental health and drug courts.

## Aging

Several factors affect mental health and substance abuse services for older adults in Kentucky today: the dramatic growth of the aging population; the complexity of needs of older adults who have mental illness, including the relationship between their physical and mental health; and the general shift in mental health services from institutional to community-based care.

As our society becomes less dependent on institutional care for persons with mental illness and more dependent on community-based care, special consideration will have to be given to ensuring that older adults have equal access to community and home-based care.

Kentucky must consider developing a continuum of care that provides person-centered services to a diverse population. Specific treatment will be needed for individuals who continue experiencing severe and persistent mental illness as they age and for older persons experiencing mental illness and/or substance abuse for the first time late in life.

The needs of caregivers also must be considered. Models that support collaboration, coordination, and integration among mental health providers, the aging network and primary care providers will also be needed to improve physical health and mental health care. To achieve this, the Aging Work Group suggested a range of strategies. Here are more details.

**Coordinating services.** The commission created by HB 843 should conduct a study of the needs of older adults and develop a comprehensive plan to meet them. At the same time, each region, through its planning council and community mental health center, should identify barriers to accessing mental health and substance abuse services for the elderly in its community and develop strategies to deal with those barriers. Regions should also address coordination of services for the elderly with local or state mental health and aging coalitions (and develop protocols for such cooperation).

**Gathering and disseminating information.** The state should update and maintain its KyCares Statewide Resource Directory with help from area agencies on aging so there is current information about existing resources for the elderly.

Furthermore, regions should create their own databases of local

*As our society becomes less dependent on institutional care for the mentally ill and more dependent on community-based care, special consideration will have to be given to ensuring that older adults have equal access to community and home-based care.*

House Bill 843 Work Group  
on Aging, 2001

*21% of Kentucky's population is 55 and older.*

*12.5% is 65 and older.*

*25% of the state's projected population in 2020 will be 60 and older.*

House Bill 843 Work Group  
on Aging, 2001

physicians and nurse practitioners that serve the elderly and prepare educational materials for them about mental health and substance abuse issues. The state also should investigate the cost-effectiveness of foster care for older people.

**Building expertise.** Kentucky's mental health services system should partner with regional universities that have graduate programs focusing on geriatric health. It also should use money from the Department for Mental Health and Mental Retardation Services and the Department for Community-Based Services to match university funds for accredited student internships.

**Adding services.** The state and regions should establish a continuum of care for elderly people with mental or substance abuse disorders to include community support services, peer supports, and in home services; increase housing options for those at risk for placement in a psychiatric hospital or nursing home; provide counseling centers, support groups, and suicide prevention-programs for older adults; assure that mental health and substance abuse services are available to nursing home residents that need them; and expand and improve transportation services that are accessible and affordable.

**Improving public education and understanding.** Kentucky's mental-health services system should provide more information to consumers, family members, providers, and the general public about mental health and substance abuse and train these groups on end-of-life issues. Training, education, and information are also needed for a variety of service providers who work with the elderly to facilitate appropriate mental health and substance abuse service referral and intervention, as well as prevention.

**Targeting money for long-term gains.** The state should fund research projects that focus on prevention and early intervention for mental illness and substance abuse among the elderly as well as projects that blend funding streams for aging and mental health services to decrease fragmentation. It should also use funds left over in the state's adult mental health and aging programs to provide mental-health services for older adults. Currently the money is returned to the General Fund. Review and study of how Medicaid, Medicare, and other insurance is currently and could potentially be used to pay for mental health and substance abuse services for the elderly is necessary.

# Commission Recommendations

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Reflecting the comprehensive efforts of the Regional Planning Councils and Work Groups, the statewide commission developed a series of recommendations that are designed to move Kentucky forward in meeting the mental health needs of its citizens.

Some of these initiatives focus on short-term objectives while others take a longer view. Some require additional funding or legislation; others can be accomplished through programmatic changes.

The goal of the recommendations—individually and collectively—is to create an integrated mental health and substance abuse service-delivery system that truly meets the needs of Kentuckians in every part of the state.

## Planning and Collaboration

The overall objective of House Bill 843 was to create a plan for meeting the needs of Kentuckians who have mental illness, a substance abuse disorder, or both. In recognition of the fact that planning is an ongoing process, the commission recommends:

- Expanding its membership to include one representative of:
  - Consumers of mental health or substance abuse services
  - Family members of consumers of services
  - Regional Planning Councils
  - Administrative Office of the Courts
  - Office of Aging Services
  - Kentucky Housing Corporation
  - Council on Postsecondary Education
  - Transportation Cabinet
  - Criminal Justice Council
  - Kentucky Agency for Substance Abuse Policy
- Affirming the work of the Regional Planning Councils by defining their relationship to the Regional Mental Health/Mental Retardation Boards; financially supporting their work; and encouraging broad participation by a broad range of people with a personal, professional, or community interest in the issues.

*Charts located in the appendices to this report expand on this summary with detailed information on the implementation and budgetary impact of the commission recommendations.*

*With no other human affliction, except perhaps leprosy, has there been so much confusion, misdirection, and discrimination against the patient as with mental illness.*

*Pattern for Change*  
Report of the Kentucky  
Mental Health Planning  
Commission  
1966

- Establishing a two-year work plan to articulate statewide goals and to focus the future work of the councils and state commission on:
  - Increasing services for the aging population
  - Implementing school-based services for children
  - Evaluating a pilot mental health court project
  - Reviewing and recommending any changes needed in the state's civil commitment and criminal defendant competency statutes
  - Increasing the availability of the most effective medications
- Assuring coordination with other planning and oversight entities.
- Removing the sunset provision on the Statewide Commission and Regional Planning Councils to assure a continuous and long-term collaboration mechanism at both the state and regional levels.

## Fiscal Policy

The bleak reality for Kentuckians is that the state ranks 44th nationally in per capita spending on mental health and substance abuse services. Simply put, more money is needed if the state is to adequately meet its citizens' needs. The commission supports moving Kentucky to a national ranking of 25th in spending over the next ten years.

Other funding recommendations include:

- Completing regional crisis stabilization services in all regions so that emergency intervention services are available to both children and adults. These crisis services allow persons to remain in their home regions and prevent unnecessary hospitalization or detainment in local jails.
- Creating a more flexible pool of funds which may be used to strengthen the safety net in ways that are regionally determined. Money for the regional flexible safety net would be allocated to each area on a per capita basis. These funds would be administered by the Regional Mental Health/Mental Retardation Boards for programs that are responsive to regional needs.
- Creating parity within Medicaid by expanding coverage to include substance abuse disorders for children and adults.
- Collaborating with the Workforce Development Cabinet to implement the Supported Employment Initiative to eliminate barriers based on disability or geography, provide start-up funds for new service providers, increase the capacity of existing service providers, and eliminate waiting lists statewide.
- Implementing the Medicaid buy-in program with the Ticket to Work initiatives to allow consumers to continue Medicaid coverage when entering the work force.
- Collaborating with the Justice Cabinet and Administrative Office of the Courts to fund initiatives that address the needs

**Top 5 state mental health agency per capita expenditures for mental health services for fiscal year 1997:**

<i>District of Columbia</i>	\$337
<i>New York</i>	\$113
<i>Connecticut</i>	\$99
<i>New Hampshire</i>	\$99
<i>Montana</i>	\$93
<b><i>Kentucky</i></b>	<b>\$35</b>

Source:  
[www.cdc.gov/nchs/products/pubs/pubd/hus/tables/2000/00hus142.pdf](http://www.cdc.gov/nchs/products/pubs/pubd/hus/tables/2000/00hus142.pdf)

*A joint study by Indiana University and Columbia University found that 12.1 percent of Americans perceived people with mental illnesses as ‘violent, dangerous, frightening’ despite evidence that mentally ill persons are not violence-prone.*

Associated Press  
September 27, 2000

*Over the years, mental illness has been the subject of many myths and misconceptions. As a result, persons living with mental illness have been subjected to unfair stigma, stereotyping, and prejudice.*

Community Mental Health  
Foundation, Inc.

of persons in the criminal justice system who have a mental illness or substance abuse disorder.

- Searching out sources of additional funds for services to the aging through identifying unexpended funds and blending funding streams.

## Public Policy

Kentucky needs to establish a new policy direction to become a national leader in community-based care for persons with mental health and substance abuse problems. For any initiative to be successful, it must be reflected in the state’s fundamental commitment to progress in this important area. To establish a new policy direction for the state, the commission recommends:

- Reviewing existing laws and regulations in light of the commission’s recommendations, updating, revising, or repealing current statutes as needed and enacting new legislation to implement recommended policies.
- Requiring providers who receive public funds to meet consistent quality standards to make services available and accessible and to have a formal grievance procedure for consumers.
- Expanding the pharmacy oversight system to provide protection and early intervention for high-risk or multiple drug users.
- Gathering data on treatment effectiveness and establishing a method of evaluating mental health/substance abuse services that is outcome-based.
- To sustain comprehensive and continuous program evaluation, identifying areas where more data is needed and developing a method to assure its ongoing reliability.
- Encouraging insurers to provide appropriate and comprehensive mental health/substance abuse coverage for all ages.

## Public Education

Far too often, fear and misunderstanding of mental health and substance abuse disorders discourage individuals from seeking treatment. To reduce the stigma attached to these illnesses, the commission recommends:

- Increasing the education of consumers, family members, caregivers, providers, and the public about the effectiveness of treatment and the availability of services.
- Expanding the participation of consumers and family members in planning and providing services for mental health and substance abuse.
- Encouraging organizations to collaborate on community education, outreach, and anti-stigma activities.
- Increasing the training of physicians, educators, clergy, youth workers, law enforcement officers, social services workers, and others to help them better identify mental health and substance abuse problems and to make appropriate referrals for treatment.
- Developing partnerships with regional universities in the establishment of graduate programs in geriatric health.
- Assessing public attitudes toward mental illness and substance abuse and developing educational programs to address misperceptions.

*National initiatives, including the 1999 White House Conference on Mental Health and 1999 United States Surgeon General's Report on Mental Health, have promoted the concept that mental health is fundamental to health care.*

House Bill 843  
2000 General Assembly

*The current mental health and substance abuse system is lacking a comprehensive state plan that would improve the mental health status of the citizens of the commonwealth.*

House Bill 843  
2000 General Assembly

## Professional Staffing

Individuals with mental health or substance abuse disorders require high-quality treatment from well-trained professionals. But recruiting and retaining caregivers and service providers is a challenge throughout Kentucky, particularly in the more rural areas. To address this growing problem in professional staffing, the commission recommends:

- Assessing the current mental health and substance abuse workforce in each region of the state.
- Developing collaborations—with other agencies for staff recruitment and training and with universities to create strategies for educational programs and to coordinate curriculum with licensure and certification requirements.
- Using distance learning and telehealth technology to reduce regional isolation, to integrate the network of community providers, and to deliver training programs.
- Providing funds for higher salaries, examining differential pay and incentives for rural providers, and creating recruitment and retention incentives for professionals trained in substance abuse treatment and for those who can prescribe medications.
- Recruiting and training staff who specialize in geriatric and children's mental health.
- Increasing the availability of professionals who are trained in the use of newly patented medications.

## Transportation/Access

Problems with transportation frequently result in Kentuckians failing to get treatment for mental illness or substance abuse disorders; and, does not allow for an opportunity for these individuals to participate fully in their local communities. Cost and distance are both factors that negatively affect access to services. To improve the availability of transportation services and make treatment more accessible to all citizens, the commission recommends:

- Assessing the availability of transportation in each region and identifying specific barriers that prevent consumers, particularly the elderly, from having access to services.
- Providing vouchers to pay for public transportation or automobile expenses where public transportation is not available.
- Collaborating with other agencies to share transportation resources.
- Increasing funding for transportation providers to give access to more consumers and extending the hours when service is available.
- Assessing the feasibility of developing mobile services or relocating some services to improve access for consumers.

## Quality Assurance & Consumer Satisfaction

Making sure Kentuckians receive the highest-quality treatment and services is imperative. And yet, there are no statewide quality standards for providers or organizations that are similar to those established on the national level. To assure quality for Kentuckians, the commission recommends:

- Establishing statewide standards for the accreditation of service providers and organizations.
- Requiring all providers to inform consumers of their right to file a grievance, including their right to appeal to the state agency that funded the service.

*“Kentucky is among the top five states with respect to service needs for the mentally disabled and is among the bottom five with respect to funding needed services. Kentucky remains 46th in per capita spending for mental health and substance abuse services while the needs are among the highest in the country.*

*“If Kentucky can afford to support the Kentucky Wildcats as a top 25 college basketball team, it can also afford to support mental health and substance abuse services at the top 25 level.”*

Cynthia Cole, Ph.D.  
Regional Council Member

- Requiring all providers to have a formalized quality assurance and quality improvement processes.
- Involving consumers in deciding what measures should be used to determine the extent of consumer choice and whether a provider is performing a service satisfactorily.
- Establishing statewide standards for the accreditation of service providers and organizations.

## Housing

Housing is a fundamental need of all individuals, but frequently people with mental illness or substance abuse disorders face particular challenges in finding affordable, safe, and appropriate places to live. The commission recommends the following to help meet these housing needs:

- Increase the availability of housing options for individuals with mental illness, substance abuse, or dual diagnoses.
- Increase direct state funding and federal match monies for housing options that include independent living, transitional housing, halfway houses, group homes, assisted living, supervised apartments, and sober housing for individuals in recovery.
- Collaborate with the Kentucky Housing Corporation and other agencies to finance housing developments for Kentuckians with mental illness or substance abuse disorders.
- Increase state funding for housing supports.
- Increase housing options for older persons at risk of institutionalization.

## Supported Employment

Employment has significant consequences for the stability, quality of life, and sustainability of individuals in a community. To meet the need for supported employment services, the commission recommends:

- Increased funding through the Department of Vocational Rehabilitation for a full range of employment supports including those for individuals with mental illness and substance abuse disorders.
- Giving consumers a range of choices from high-quality supported employment services; eliminating barriers based on disability or geography; providing start-up funds for new service providers, and increasing the capacity of existing providers.
- Allowing individuals to work while continuing their Medicaid coverage.
- Collaborating with the Office of Aging Services to develop employment opportunities for older workers.

## Addressing the Gaps In the Continuum of Services

To assure adequate care and treatment, services must be uninterrupted as an individual's needs change. To create a continuum of treatment services, the commission recommends:

- Providing consumers greater access to professionals who prescribe medications.
- Develop a pilot program for the use of evidence-based procedures for clinical decision-making in prescribing medications, evaluating outcomes as to quality of life, clinical effectiveness, cost savings, and cost offset.
- Increasing the education of consumers and families about a number of issues, including available services, new medications, ways to reduce the risk of repeated institutionalization, and the KyCares service directory.

*“Consumers must want the help they need, like they need something from the store and then it should be as close to what they want and need if it is going to help.”*

A consumer of behavioral health services  
KY-CAN 5th Annual Consumer Conference  
April 3, 2001

*“...Recovery is a way of life. It is a never-ending process and it requires a lot of work: understanding the importance of medication, AA, healthy relationships, making healthy choices and living the decision that I have made for myself in how I want to live my life.”*

A consumer of behavioral health services  
KY-CAN 5th Annual Consumer Conference  
April 3, 2001

- Increasing the availability of detoxification services, including social model detox for consumers with substance abuse problems.
- Collaborating with hospitals and other institutions to encourage better planning and treatment for patients about to be discharged.
- Decreasing dependence on state institutions by increasing access to community-based hospitals.
- Making more residential treatment beds available statewide, particularly for women with dependent children and for pregnant women who have substance abuse disorders.
- Expanding therapeutic foster care and psychiatric residential treatment facilities for youth with severe problems and increasing recruitment efforts and pay for therapeutic foster parents.
- Increasing the availability of case managers for individuals with substance abuse or dual diagnoses disorders.
- Increasing funding for consumer and family-operated services statewide.
- Expanding the options available for combining intensive outpatient and residential treatment.
- Develop, in each region, adequate outpatient, short-term, and long-term residential treatment programs for children and youth with substance abuse issues.
- Instituting and maintaining regular cross-system education about mental illness, substance abuse disorders, and dual diagnoses.

## Criminal Justice/Behavioral Health

Many individuals with mental illness or substance abuse disorders often find themselves cycling repeatedly through the criminal justice and behavioral health systems. The fragmentation between the two systems has been a contributing factor to the incarceration of persons with mental illness, substance abuse, and co-occurring disorders.

In an effort to provide a more seamless service system, the commission has identified the following recommendations to move the regions and state toward a more integrated system of care for persons involved in the interface between the criminal justice and behavioral health system.

- Training across systems for everyone involved in the interaction between criminal justice and behavioral health at the state and regional levels.
- Maintaining and expanding drug courts statewide.
- Starting two pilot projects—one in a rural area, one in an urban area—for mental health courts.
- Funding for specialized case managers and resource coordinators for individuals cycling through the criminal justice and behavioral health systems and wrap-around services for those individuals.
- Developing an array of housing options specifically for persons with mental illness, substance abuse and co-occurring disorders being diverted or being reintegrated into the community.
- Develop a strategy that may include the development of behavioral health jails within each region to address the mental health, substance abuse, and dual diagnoses needs of inmates being housed in the county jails.
- Continue cross-systems planning with the goal of fully integrating services at the regional and state levels.

*“We are not proposing ‘perfection.’ We are probably not even proposing that which is possible to achieve. What we do propose is progress, or concern for the mentally ill patient as a person and a better understanding of what mental illness is all about.”*

*Blueprint for Mental Health in Kentucky*

Report of the Kentucky  
Association for Mental Health  
1979



HB 843 COMMISSION:  
*Summary of Recommendations*  
Adopted - June 18, 2001

**CATEGORIES:**

- I. PLANNING PROCESS**
- II. FISCAL POLICY**
- III. PUBLIC POLICY**
- IV. PUBLIC EDUCATION**
- V. PROFESSIONAL STAFFING**
- VI. TRANSPORTATION / ACCESS**
- VII. QUALITY ASSURANCE AND CONSUMER SATISFACTION**
- VIII. HOUSING AND HOUSING SUPPORTS**
- IX. SUPPORTED EMPLOYMENT**
- X. ADDRESSING GAPS IN CONTINUUM OF SERVICES**
- XI. CRIMINAL JUSTICE / BEHAVIORAL HEALTH INTERFACE**
- XII. FUTURE AGENDA ITEMS FOR COMMISSION AND REGIONAL PLANNING COUNCILS**

**I. Revise HB 843 to:**

- a. Add to the Statewide Commission, one (1) representative of:
  - 1. Consumers of MH/SA services
  - 2. Family Members of consumers of MH/SA services
  - 3. Regional Planning Councils, preferably a Chairperson
  - 4. Administrative Office of the Courts
  - 5. Office of Aging Services
  - 6. KY Housing Corporation
  - 7. Council on Postsecondary Education
  - 8. Transportation Cabinet
  - 9. KY Criminal Justice Council
  - 10. KY Agency for Substance Abuse Policy (KY-ASAP)
- b. Affirm Regional Planning Councils
  - 1. Spell out relationship to Regional MH/MR Boards
  - 2. Allocate small amount of support dollars for their functioning (e.g. \$5,000 each)
  - 3. Encourage participation in the planning process by consumers, caregivers, family members and professionals from all age groups
- c. (XII.) Set two-year work plan:
  - 1. Articulate Goals to be accomplished in Statewide Plan (Example: Decrease multiple hospitalizations of mentally ill individuals by 15% by 2004)
  - 2. Put these issues on the Future Agenda for the Regional Planning Councils and the Statewide Commission:
    - MH/SA Services for aging population
    - Children's MH/SA services in schools
    - KRS 202A and KRS 504: Review and possible revisions
    - Mental Health Courts - Evaluate feasibility of pilot projects
    - Availability of most effective medications

- Access to substance abuse treatment for veterans and for physicians and other professionals who are impaired because of addictions
  - Continue to work toward implementation of long-term recommendations in all areas
- d. Assure coordination with other planning and oversight entities. For example, recognize that KY-ASAP is the primary agency for SA prevention planning, while HB 843 is the primary vehicle for SA treatment planning.
  - e. Remove the sunset provision on HB 843 Commission and Regional Planning Councils, recognizing that planning and improving MH/SA services for Kentucky's citizens will be a long-term process which requires a continuous mechanism for collaboration at both state and regional levels.

**II. Complete the Regional Crisis Stabilization Services.** (Approximate cost: 10 units of service @ \$400,000 = \$4 million). Next, explore funding additional crisis services in regions in need of increased availability.

**Support Regional Flexible Safety Net Funding.\*** (Example: Increase in per capita spending on MH/SA services of \$1 per person = \$4 million)

\*REGIONAL FLEXIBLE SAFETY NET\*

- The regional flexible safety net is regionally-determined, defined by local needs assessments and priorities.
- The regional flexible safety net is funded by General Fund dollars allocated specifically to the safety net in each region on a per capita basis, separate from other funding allocations (e.g., so as not to penalize regions who receive funding for other specific initiatives, such as crisis stabilization services not now available.) (Example: Increase in per capita spending on MH/SA services of \$1 per person = \$4 million)
- Assessment of the region's needs (including update of data from original report) is done by the Regional Planning Council, which then makes recommendations to the Regional Mental Health/Mental Retardation Board for addressing these needs through this pool of fixed-amount flexible dollars.
- The Regional Mental Health/Mental Retardation Board is the administrative entity for the Regional Planning Councils under HB 843. It is also the regional entity which has the statutory authority under KRS 210 to plan for meeting the MH/SA needs of the region and to receive and allocate funds for that purpose.

Therefore, the Regional MH/MR Boards will incorporate the Regional Planning Council's recommendations for the flexible safety net into its Annual Plan and Budget, which is then submitted to the Department of Mental Health/Mental Retardation Services (DMH/MRS).

- Accountability in the system is ensured by:
  - a. Regional Planning Council and Regional MH/MR Boards setting measurable goals to be achieved through the recommended initiatives to be funded through the flexible dollars
  - b. Instituting, evaluating and reporting outcome measures to the HB 843 Statewide Commission, DMH/MRS, and to the community at large

- c. Demonstrating community buy-in through the Regional Planning Council process, both in making recommendations and in assessing outcomes
- d. Participation in Quality Assurance measures by all providers who receive public funding
- e. Considering future flexible safety net funding on a performance basis

**II. Support moving Kentucky from ranking 44th in per capita spending on MH/SA services to ranking 25th over the next 10 years.** (assume 3% trend annually - although this has not been the case for the past 10 years; a 5% additional increase in funding per year - over and above the 3% trend increase - for the next 10 years would achieve this goal for Mental Health. Figures are to be provided from the Division of Substance Abuse for the increased funding over the next 10 years to achieve this goal for per capita spending on Substance Abuse services.)

**II, V, X, XI. Increase treatment services for Substance Abuse Disorders:**

- ◆ Expand Medicaid coverage of Primary and Secondary Substance Abuse Diagnoses to all Medicaid-eligible populations.
- ◆ Assure availability of appropriately trained professionals to deliver SA services.
- ◆ Address barriers to access for suitable housing for persons with SA and Dual Diagnoses; establish sober housing availability for consumers in recovery.
- ◆ Expand drug courts across the state
- ◆ Assure that formularies for Medicaid, other state-supported medication programs and private insurers include all appropriate medications, including those which treat craving for substances
- ◆ Increase the availability of medical and non-medical detoxification services (including social model detox) for consumers with substance abuse problems
- ◆ Increase the number of case managers for individuals with Substance Abuse and Dual Diagnoses
- ◆ Develop accessible continuum of care for youth with substance abuse diagnoses

**III. Establish new policy direction for Kentucky to be a national leader** in community-based care for persons with MH/SA problems based on best practices and regional decision-making.

**IV. Institute training across systems** to increase identification of MH and SA issues and appropriate referral of individuals for treatment; collaborate with community partners to identify education opportunities and to promote anti-stigma activities.

**V. Assure availability of trained mental health and substance abuse professionals** in all regions of the state through increased educational programs and financial investment.

**VI. Increase available transportation for all persons who need to access MH/SA services** by developing collaborations with other agencies, creating mobile services where appropriate, and paying for public transportation or alternative means.

**VII. Improve Quality Assurance measures, including a Grievance Procedure** which is understandable and available in multiple formats; require all providers who receive public funds to implement a Grievance Procedure and other Quality Assurance / Quality Improvement procedures.

VIII. Establish an array of suitable housing options and housing supports for consumers with mental illness, substance abuse and dual diagnoses through collaborative efforts and increased funding.

IX. Collaborate with the Cabinet for Workforce Development to implement the **Supported Employment Funding Initiative** developed by the Cabinet, the Department of Vocational Rehabilitation, consumers, families, advocates and service providers (Dept. of Vocational Rehab is requesting \$3 million in FY 02-03, \$5 million in FY 03-04). Initiate Medicaid Buy-In with the Ticket to Work initiative and provide access to Medicaid Buy-In for those Medicaid-eligible consumers who are employed or are planning to work.

X. Consider additional recommendations from Regional Councils and Work Groups:

- a. **Assure availability of medications**, including medications that treat craving for substances; develop a pilot program for the use of evidence-based procedures for clinical decision-making in prescribing medications, evaluating outcomes as to quality of life, clinical effectiveness, cost savings and cost offset; increase greater access to prescribing professionals and education of consumers and family members about new medications
- b. **Reduce repeated institutionalizations** by increasing proactive case management, by educating consumers and families to reduce the risk, by increasing collaboration with institutions for more proactive discharge planning; and increasing access to community-based hospitalizations
- c. **Increase funding support for consumer and family operated services** in every region of the state
- d. **Increase number of residential treatment beds** statewide to increase geographic access and to provide for longer-term care where needed
- e. **Extend therapeutic foster care and psychiatric residential treatment facilities** for youth with severe MI/SA problems
- f. **Increase availability of medical and non-medical detox services and case managers**
- g. **Develop a regional continuum of care for children and youth with Substance Abuse issues**
- h. **Increase the active participation of consumers and family members in planning and providing services** for treating individuals with MI, SA and Dual Diagnoses

XI. Departments of Mental Health and Corrections to collaborate with Justice Cabinet, Administrative Office of the Courts and the Criminal Justice Council for funding to **implement Criminal Justice/Behavioral Health initiatives**.

XII. Designate **continued work on long-term recommendations** and additional areas which have been identified in geriatric and children's mental health and in criminal justice / behavioral health interface issues.

**HB 843 STATEWIDE COMMISSION**  
**APPROVED AT JUNE 18, 2001 COMMISSION MEETING**

**RECOMMENDATIONS AND FUNDING IMPLICATIONS:**

**AN INTEGRATION OF REGIONAL PLANNING COUNCIL AND WORK GROUP GRIDS**

**CATEGORIES:**

- I. PLANNING PROCESS**
- II. FISCAL POLICY**
- III. PUBLIC POLICY**
- IV. PUBLIC EDUCATION**
- V. PROFESSIONAL STAFFING**
- VI. TRANSPORTATION / ACCESS**
- VII. QUALITY ASSURANCE AND CONSUMER SATISFACTION**
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- XII. FUTURE AGENDA ITEMS FOR COMMISSION AND REGIONAL PLANNING COUNCILS**

SHORT-TERM RECOMMENDATIONS ARE PLACED FIRST ON THE PAGE IN EACH CATEGORY  
COST INFORMATION WAS NOT AVAILABLE IN ALL CASES; "TBD" INDICATES COST FIGURES TO BE DETERMINED

## HB 843 Commission Recommendations: PLANNING & COLLABORATION

I. Identified Need/Issue for the 2002 General Assembly:

Respond to input on make-up of Statewide commission by enlarging membership. Ensure continuity of regional planning by renewing Regional Planning Councils and supporting their on-going role. Describe next phase of planning. Assure coordination of Statewide Commission and Regional Planning Councils with other planning bodies.

Recommendations	Short Term	Long Term	Expansion Budget	New Budget	Legislation
A) ADD TO HB843 STATEWIDE COMMISSION:  Consumer Regional Planning Council Chair Office of Aging Services Council Postsecondary Education Family Member Admin. Office Courts KY Housing Corp Transportation Cabinet	X				X
B) CONTINUE THE COLLABORATIVE PROCESS created by HB 843 as the first step toward creating an integrated community-based system of care. The collaboration model is set at both the state level in the HB 843 Commission and at the regional level in the planning councils. Both afford the opportunities for collaboration by having all stakeholders at the table.	X	X			
C) AFFIRM REGIONAL PLANNING COUNCILS  Define continuing role in regional planning process.  Councils to review progress toward goals, to conduct needs assessments and to make recommendations addressing local needs to the Regional MH/MR Board.  Allocate funding to support Council operation  Encourage participation on the Regional Councils to reflect consumers, caregivers, family members and professional from all age groups (particularly aging).	X       X			\$70,000/yr =\$140,000 State General Fund (SFG)	X
D) ASSURE COORDINATION WITH OTHER PLANNING AND OVERSIGHT ENTITIES	X	X			X
E) SET TWO-YEAR PLAN - Set goals to be accomplished in Statewide Plan (e.g. from <i>Healthy Kentuckians 2010</i> ). - Utilize Regional Planning Councils' information, needs assessments and recommendations - Future focus: services for the aging population; school MH/SA services; mental health courts; KRS 202A & 504		X			

## HB 843 Commission Recommendations: FISCAL POLICY

### II. Identified Need/Issue for the 2002 General Assembly:

Increase flexibility of funds going into the regions. Complete crisis stabilization services in all regions. Wherever possible, develop collaborative relationships with other Cabinets and Departments to achieve service access goals. Move Kentucky to upper half of States in per capita MH/SA funding. Establish parity within Medicaid for substance abuse services.

Recommendations	Short Term	Long Term	Expansion Budget	New Budget	Legislation
A) COMPLETE REGIONAL CRISIS STABILIZATION SERVICES. Assure 24/7 availability for children, adults and the aging of full range of crisis services: CSU, multidisciplinary mobile teams, 23-hr hold beds, wraparound funds, peer-oriented and peer managed intervention services	X		10 @ \$400,000= \$4 mil State General Fund (SFG)		
B) MOVE KENTUCKY FROM 44TH TO 25TH IN PER CAPITA SPENDING ON MH/SA SERVICES	X	X		MH: \$12.3 mil + \$13.3 mil SA: TBD State General Fund (SFG)	
C) SUPPORT REGIONAL FLEXIBLE SAFETY NET FUNDING WITH PER CAPITA \$\$\$, LOCAL PLANNING FOR CHILDREN, ADULTS AND THE AGING	X	X		\$1 pp/yr =\$4 mil/yr =\$8 mil State General Fund (SFG)	X
D) EXPAND MEDICAID COVERAGE OF PRIMARY AND SECONDARY SUBSTANCE ABUSE DIAGNOSES TO ALL MEDICAID-ELIGIBLE PERSONS (CHILDREN, ADULTS, AND THE AGING)	X		SGF w/ Medicaid match		
E) DEPTS. OF CORRECTIONS AND MENTAL HEALTH WILL COLLABORATE WITH AOC & JUSTICE CABINET IN IMPLEMENTING CJ/BH INITIATIVES	X	X		See CJ/BH	
F) DEPT. OF MH WILL COLLABORATE W/ WORKFORCE DEVELOPMENT TO IMPLEMENT SUPPORTED EMPLOYMENT INITIATIVES	X			See Supported Employment	
G) INCREASE FUNDING FOR COMMUNITY MEDICATION PROGRAM TO MAKE MEDICATIONS AVAILABLE TO MORE INDIVIDUALS WITH MI, SA OR DUAL DIAGNOSES	X	X	TBD		
H) EARMARK AND UTILIZE UNEXPENDED STATE GENERAL FUNDS FROM CHS (AND POSSIBLE OTHER AGENCIES) FOR MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS AND SERVICES FOR OLDER PERSONS	X				X Possibly

HB 843 Commission Recommendations: PLANNING & COLLABORATION (cont'd)

Recommendations	Short Term	Long Term	Expansion Budget	New Budget	Legislation
I) EXPLORE FUNDING ADDITIONAL CRISIS SERVICES IN REGIONS WHERE NEEDED, INCLUDING MOBILE CRISIS RESPONSE UNITS AND OTHER SERVICES FOR CHILDREN, ADULTS AND THE AGING		X	X		
J) DEVELOP PROJECTS THAT BLEND FUNDING STREAMS TO PROVIDE MH/SA SERVICES FOR THE AGING AND FOR OTHER POPULATIONS		X			

## HB 843 Commission Recommendations: PUBLIC POLICY

### III. Identified Need/Issue for the 2002 General Assembly:

Establish a new policy direction for KY to be a national leader in community-based care for persons with MH/SA problems. Reaffirm the planning authority and oversight responsibility of the Regional MH/MR Boards. Develop a ten-year strategic plan for MH/SA guided by the principle of community-based services, best practices and regional decision-making.

Recommendations	Short Term	Long Term	Expansion Budget	New Budget	Legislation
A) REVIEW EXISTING STATUTES AND REGULATIONS IN LIGHT OF THE COMMISSION'S RECOMMENDATIONS, REPEAL OR REVISE WHERE NEEDED; ENACT LEGISLATION TO IMPLEMENT RECOMMENDED POLICIES	X				X
B) REQUIRE ALL PROVIDERS WHO RECEIVE PUBLIC FUNDS TO HAVE A GRIEVANCE PROCEDURE	X	X			
C) REQUIRE ALL PROVIDERS WHO RECEIVE PUBLIC FUNDS TO MEET CONSISTENT QUALITY STANDARDS AND COMPLIANCE WITH TITLE VI AND OTHER CONSUMER ACCESSIBILITY REQUIREMENTS	X	X			
D) EXPAND KASPR (PHARMACY OVERSIGHT SYSTEM) FOR ALL MEDICATION USERS TO PROVIDE PROTECTION AND EARLY INTERVENTION FOR HIGH RISK OR MULTIPLE DRUG USERS OF ALL AGES	X				
E) INCREASE COLLABORATION WITH REPRESENTATIVES OF STAKEHOLDERS IN THE DEVELOPMENT OF STATE, REGIONAL, AND LOCAL PLANS FOR SERVICES OR FUNDS	X	X			
F) REVIEW KRS 202A AND 504; CONSIDER RECOMMENDATIONS FOR REVISIONS		X			X
G) ESTABLISH OUTCOMES-BASED EVALUATIONS OF MH/SA SERVICES; GATHER DATA ON TREATMENT EFFICACY WHICH INCLUDES COST-SAVINGS (ASSURE AGING SPECIFIC OUTCOMES ARE INCLUDED)		X			
H) IDENTIFY THE CURRENT GAPS IN DATA AND NEEDED INFORMATION AND DEVELOP MECHANISMS WHICH WILL SECURE THAT DATA GOING FORWARD (ASSURE AGING SPECIFIC DATA IS INCLUDED)		X			
I) ADVOCATE WITH INSURERS FOR APPROPRIATE AND COMPREHENSIVE MH/SA BENEFITS FOR ALL AGES, EXPANDING THE PARITY LAW'S APPLICATION, IF NECESSARY		X			X

## HB 843 Commission Recommendations: PUBLIC EDUCATION

### IV. Identified Need/Issue for the 2002 General Assembly:

Institute state-wide public education initiatives on behavioral health issues with the goal of reducing the stigma and misunderstanding attached to mental illness and substance abuse disorders. Increase education to the public, policy-makers, insurers, health care providers and other professionals to present a holistic approach to MI and SA as health issues.

Recommendations	Short Term	Long Term	Expansion Budget	New Budget	Legislation
A) INCREASE EDUCATION TO CONSUMERS, FAMILY MEMBERS, CAREGIVERS, PROVIDERS AND THE PUBLIC ABOUT TREATMENT EFFICACY AND AVAILABLE SERVICES	X			X	
B) INCREASE ACTIVE PARTICIPATION OF CONSUMERS AND FAMILY MEMBERS IN PLANNING AND PROVIDING SERVICES FOR TREATING MI, SA, AND DUAL DIAGNOSES	X		TBD		
C) FOSTER COLLABORATION AMONG VARIOUS GROUPS TO PROMOTE COMMUNITY EDUCATION, OUTREACH AND ANTI-STIGMA ACTIVITIES	X				
D) INCREASE TRAINING OF PHYSICIANS, SCHOOL PERSONNEL, CLERGY, YOUTH WORKERS, LAW ENFORCEMENT, SOCIAL SERVICES STAFF, AND OTHERS TO IDENTIFY MI/SA PROBLEMS, PARTICULARLY IN CHILDREN AND OLDER ADULTS, AND TO APPROPRIATELY REFER FOR MI/SA SERVICES	X			TBD	
E) DEVELOP PARTNERSHIPS WITH REGIONAL UNIVERSITIES THAT HAVE, OR ARE INTERESTED IN CREATING GRADUATE HEALTH RELATED PROGRAMS SPECIFIC TO GERIATRIC HEALTH (PHYSICAL AND MENTAL) ISSUES FOR EDUCATION AND RESEARCH	X	X			
F) ASSESS THE PUBLIC'S ATTITUDE TOWARD MI AND SA, IDENTIFY MISPERCEPTIONS AND DEVELOP EDUCATIONAL PROGRAMS TO ADDRESS THEM		X		X	

## HB 843 Commission Recommendations: PROFESSIONAL STAFFING

### V. Identified Need/Issue for the 2002 General Assembly:

Increase number and availability of trained Mental Health and Substance Abuse professionals in each region of the state. Increase recruitment and retention of qualified staff. Increase training and cross-training opportunities for professional staff to increase clinical skills, cultural competence and sensitivity, and knowledge of specialized populations and approaches.

Recommendations	Short Term	Long Term	Expansion Budget	New Budget	Legislation
A) ASSESS AVAILABILITY OF CURRENT MH AND SA PROFESSIONAL WORKFORCE IN EACH REGION	X				X
B) COLLABORATE WITH UNIVERSITIES AND COUNCIL ON POSTSECONDARY EDUCATION TO IDENTIFY NEEDS AND TO DEVELOP STRATEGIES, INCLUDING PILOT CROSS-SYSTEMS EDUCATION PROGRAMS	X	X			
C) DEVELOP COLLABORATIVE AGREEMENTS WITH OTHER AGENCIES (e.g., DJJ) FOR STAFF RECRUITMENT AND TRAINING	X				
D) REDUCE REGIONAL ISOLATION, INTEGRATE THE COMMUNITY PROVIDER NETWORK AND IMPLEMENT TRAINING PROGRAMS THROUGH TELEHEALTH & DISTANCE LEARNING TECHNOLOGY	X			TBD	
E) COORDINATE UNIVERSITY CURRICULUM WITH LICENSURE/CERTIFICATION REQUIREMENTS AND SPECIALTY REQUIREMENTS	X				
F) PROVIDE FUNDING SUPPORT TO INCREASE STAFF SALARIES AND BENEFITS; EXAMINE DIFFERENTIAL PAY/INCENTIVES FOR RURAL PROVIDERS; CREATE RECRUITMENT AND RETENTION INCENTIVES FOR PROFESSIONALS WHO HAVE TRAINING IN SA ASSESSMENT AND TREATMENT AND PROFESSIONALS WHO CAN PRESCRIBE MEDICATIONS		X	X		
G) RECRUIT AND TRAIN STAFF IN THE AREAS OF GERIATRIC AND OF CHILDREN'S MENTAL HEALTH		X		X	
H) INCREASE AVAILABILITY OF PROFESSIONALS WHO ARE EDUCATED AND TRAINED IN DIAGNOSING AND TREATING WITH THE MOST RECENTLY PATENTED MEDICATIONS		X			

## HB 843 Commission Recommendations: TRANSPORTATION/ACCESS TO SERVICES

### VI. Identified Need/Issue for the 2002 General Assembly:

Make available affordable, reliable transportation for all persons who need to access MH/SA services. Improve the availability of community-sponsored transportation and of services in all regions of the state. Develop mobile services where feasible to take MH/SA services on-site to the consumer.

Recommendations	Short Term	Long Term	Expansion Budget	New Budget	Legislation
A) ASSESS CURRENT AVAILABILITY OF TRANSPORTATION IN EACH REGION	X				
B) DEVELOP A VOUCHER TO PAY FOR PUBLIC TRANSPORTATION OR FOR AUTO EXPENSES WHERE PUBLIC TRANSPORTATION IS UNAVAILABLE	X		TBD		
C) DEVELOP AND INCREASE COLLABORATION WITH OTHER AGENCIES TO SHARE TRANSPORTATION RESOURCES AND ACCESS	X				
D) PROVIDE INCREASED FUNDING SUPPORT TO EXISTING TRANSPORTATION SUPPLIERS TO INCREASE ACCESS TO CONSUMERS	X		TBD		
E) EXTEND HOURS OF SERVICE AVAILABILITY	X		TBD		
F) ASSESS FEASIBILITY OF MOBILE SERVICES AND/OR RELOCATION OF SERVICES TO MAKE ACCESS EASIER FOR CONSUMERS OF ALL AGES	X			TBD	
G) IDENTIFY THE SPECIFIC BARRIERS IN EACH REGION WHICH PREVENT THE ELDERLY FROM ACCESSING MH AND SA TREATMENT SERVICES		X			

## HB 843 Commission Recommendations: QUALITY ASSURANCE & CONSUMER SATISFACTION

### VII. Identified Need/Issue for the 2002 General Assembly:

Make available to consumers of MH/SA services a uniform grievance procedure which is easily understood and available in multiple formats. Increase the accountability of the service system and its providers. Demonstrate outcomes and effectiveness of services. Assure high quality across the system.

Recommendations	Short Term	Long Term	Expansion Budget	New Budget	Legislation
A) REQUIRE ALL PROVIDERS TO INFORM CONSUMERS OF THEIR RIGHT TO FILE A GRIEVANCE, INCLUDING THEIR RIGHT TO APPEAL TO THE FUNDING AGENCY AT THE STATE LEVEL. ASSURE THE PROCEDURE FOR FILING A GRIEVANCE IS UNDERSTANDABLE AND THAT IT IS POSTED IN WAITING ROOMS	X		TBD		
B) REQUIRE ALL PROVIDERS TO HAVE FORMALIZED QUALITY ASSURANCE/QUALITY IMPROVEMENT PROCESSES	X				
C) USE CONSUMER INPUT TO IDENTIFY CONSUMER MEASURES FOR CHOICE AND SATISFACTION	X				
D) IMPLEMENT ELECTRONIC DATA SYSTEMS; CREATE CENTRALIZED DATABANK ACCESSIBLE TO PROVIDERS		X	X	X	
E) DEVELOP A MECHANISM FOR EXTERNAL REVIEW FOR GRIEVANCE PROCEDURES		X			
F) ESTABLISH STATEWIDE STANDARDS FOR ACCREDITATION OF PROVIDERS/ORGANIZATIONS		X			

## HB 843 Commission Recommendations: HOUSING & HOUSING SUPPORTS

### VIII. Identified Need/Issue for the 2002 General Assembly:

To have an array of suitable housing options and housing supports available for consumers with mental illness, substance abuse, and dual diagnoses. Collaborate with the Kentucky Housing Corporation and other entities to secure funding for housing and housing support initiatives to meet the needs of individuals with mental illness, substance abuse and dual diagnoses.

Recommendations	Short Term	Long Term	Expansion Budget	New Budget	Legislation
A) INCREASE THE AVAILABILITY OF THE FULL RANGE OF HOUSING OPTIONS FOR CONSUMERS WITH MENTAL ILLNESS, SUBSTANCE ABUSE AND DUAL DIAGNOSES	X	X	TBD		
B) INCREASE OVERALL STATE FUNDING WHILE ACCESSING FEDERAL FUNDING FOR DEVELOPMENT AND SUPPORT	X	X	TBD	TBD	
C) COLLABORATE WITH THE KENTUCKY HOUSING CORPORATION AND OTHER HOUSING AGENCIES TO SECURE FUNDING FOR HOUSING DEVELOPMENT TO SERVE CONSUMERS WITH MI, SA AND DUAL DIAGNOSES	X	X	TBD	TBD	
D) INCREASE THE AVAILABILITY OF HOUSING SUPPORTS FOR CONSUMERS BY INCREASING STATE GENERAL FUND DOLLARS TO FUND ADDITIONAL HOUSING SUPPPORTS FOR CONSUMERS	X		TBD		
E) INCREASE HOUSING OPTIONS FOR OLDER PERSONS WITH MENTAL ILLNESS, SUBSTANCE ABUSE OR DUAL DIAGNOSIS AT RISK FOR PREMATURE INSTITUTIONAL /FACILITY PLACEMENT OR ARE ABLE TO LEAVE INSTITUTIONAL CARE TO LIVE IN THE COMMUNITY		X			

## HB 843 Commission Recommendations: SUPPORTED EMPLOYMENT

### IX. Identified Need/Issue for the 2002 General Assembly:

To have access to a full range of supports for employment for consumers with mental illness, substance abuse, and dual diagnoses. Support the implementation of the Supported Employment Funding Initiative developed by the Cabinet for Workforce Development, Department of Vocational Rehabilitation, consumers, families, advocates and service providers

Recommendations	Short Term	Long Term	Expansion Budget	New Budget	Legislation
A) INCREASE FUNDING THROUGHOUT THE DEPARTMENT OF VOCATIONAL REHABILITATION FOR FULL RANGE OF SUPPORTED EMPLOYMENT FOR CONSUMERS WITH MENTAL ILLNESS, SUBSTANCE ABUSE, AND DUAL DIAGNOSES THROUGHOUT THE STATE	X	X		\$3 mil - 2003 \$5 mil - 2004 Dept. Voc Rehab	
B) ENSURE CONSUMERS MAXIMUM CHOICE AND QUALITY OF SUPPORTED EMPLOYMENT SERVICES; ELIMINATE BARRIERS BASED ON DISABILITY TYPE OR COUNTY OF RESIDENCE; PROVIDE START-UP FUNDING TO DEVELOP NEW SERVICE PROVIDERS; INCREASE CAPACITY FOR EXISTING PROVIDERS; ELIMINATE THE WAITING LISTS FOR SUPPORTED EMPLOYMENT SERVICES STATEWIDE	X	X		See above	
C) INITIATE MEDICAID BUY-IN OPTION WITH THE TICKET TO WORK INITIATIVE TO ALLOW CONSUMERS TO CONTINUE MEDICAID COVERAGE (INCLUDING SUBSTANCE ABUSE TREATMENT) WHILE EMPLOYED	X	X	State General Fund plus premiums		
D) CHANGE MEDICAID REGULATIONS TO INCLUDE BUY-IN FOR EMPLOYED, PREVIOUSLY MEDICAID-ELIGIBLE CONSUMERS AND FOR MEDICAID-ELIGIBLE CONSUMERS WHO ARE PLANNING TO ENTER THE WORKFORCE	X	X	State General Fund plus premiums		
E) COLLABORATE WITH OAS FOR EMPLOYMENT OPPORTUNITIES FOR OLDER WORKERS (55+) IN THE SENIOR COMMUNITY SERVICES EMPLOYMENT PROGRAM	X		TBD		

## HB 843 Commission Recommendations: ADDRESSING GAPS IN CONTINUUM OF SERVICES

### X. Identified Need/Issue for the 2002 General Assembly:

To address gaps in services and shortages which prevent effective treatment of mental illness, substance abuse and dual diagnosis disorders across the children - adult - aging population spectrum: Medication and Psychiatric Service Availability; Revolving Door and Crisis Services; Substance Abuse and Dual Diagnoses; Residential Treatment; Family and Consumer Supports.

Recommendations	Short Term	Long Term	Expansion Budget	New Budget	Legislation
A) CREATE GREATER ACCESS TO PROFESSIONALS WHO PRESCRIBE MEDICATIONS INCLUDING PSYCHIATRISTS, PRIMARY CARE PHYSICIANS AND ARNP'S	X	X			
B) INCREASE EDUCATION FOR CONSUMERS, FAMILIES AND THE GENERAL PUBLIC ABOUT NEW MEDICATIONS	X	X			
C) INSTITUTE PILOT STUDY OF EVIDENCE-BASED PROCEDURES FOR CLINICAL DECISION-MAKING IN USE OF MEDICATIONS; EVALUATE OUTCOMES, QUALITY OF CARE, COST EFFECTIVENESS AND COST SAVINGS	X			Grants/In-Kind Support	
D) EDUCATE CONSUMERS AND FAMILIES TO REDUCE RISK OF REPEATED INSTITUTIONALIZATION	X	X			
E) INCREASE FUNDING SUPPORT FOR CONSUMER AND FAMILY OPERATED SERVICES IN EVERY REGION OF THE STATE	X	X	TBD		
F) INCREASE PROACTIVE CASE MANAGEMENT FOR CONSUMERS WITH MENTAL ILLNESS, SUBSTANCE ABUSE OR DUAL DIAGNOSES	X	X	TBD		
G) INCREASE AVAILABLE SOCIAL MODEL DETOX AND ACUTE DETOX FOR CONSUMERS WITH SUBSTANCE ABUSE PROBLEMS	X	X	TBD		
H) INCREASE COLLABORATION WITH INSTITUTIONS TO PROVIDE MORE PROACTIVE DISCHARGE PLANNING FROM HOSPITALS AND OTHER INSTITUTIONS	X	X			
I) INCREASE ACCESS TO COMMUNITY-BASED HOSPITALIZATION, RATHER THAN DEPENDING ONLY ON STATE INSTITUTIONS	X	X			
J) INCREASE STATEWIDE THE NUMBER OF RESIDENTIAL TREATMENT BEDS (INCLUDING REHABILITATION-ORIENTED PERSONAL CARE HOME BEDS) TO ALLOW FOR GEOGRAPHIC ACCESS AND LONGER TERM CARE WHERE NEEDED	X	X	TBD		

HB 843 Commission Recommendations: ADDRESSING GAPS IN SERVICES (cont'd)

Recommendations	Short Term	Long Term	Expansion Budget	New Budget	Legislation
K) EXTEND THERAPEUTIC FOSTER CARE AND PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES FOR YOUTH WITH SEVERE MI/SA PROBLEMS; INCREASE RECRUITMENT EFFORTS AND PER DIEM FOR THERAPEUTIC FOSTER PARENTS	X	X	TBD		X Possibly
L) INCREASE AVAILABILITY OF CASE MANAGERS FOR INDIVIDUALS WITH SUBSTANCE ABUSE OR DUAL DIAGNOSES DISORDERS	X		TBD		
M) INCREASE THE AVAILABILITY OF INTEGRATED SERVICES THAT SIMULTANEOUSLY ADDRESS SA AND MI DISORDERS FOR CONSUMERS W/ DUAL DIAGNOSES	X	X	TBD		
N) INCREASE THE EDUCATION OF FAMILY MEMBERS ABOUT MENTAL ILLNESS AND SUBSTANCE ABUSE AND HOW TO BE EFFECTIVELY INVOLVED IN A CONSUMER'S TREATMENT	X	X			
O) INCREASE EDUCATION FOR CONSUMERS AND FAMILY MEMBERS ABOUT KYCARES ( <a href="http://www.KyCares.net">www.KyCares.net</a> ) AND OTHER INFORMATION SOURCES	X	X			
P) DEVELOP STRATEGIES TO INCREASE ACCESS FOR CONSUMERS IN BOTH PUBLIC AND PRIVATE SECTORS TO THE MOST EFFECTIVE MEDICATIONS, INCLUDING MEDICATIONS FOR TREATING CRAVING FOR SUBSTANCES		X	TBD		X Possibly
Q) INCREASE THE NUMBER OF RESIDENTIAL TREATMENT BEDS FOR SUBSTANCE ABUSING PREGNANT WOMEN AND WOMEN WITH DEPENDENT CHILDREN THROUGHOUT THE STATE		X			
R) INCREASE OPTIONS FOR COMBINING INTENSIVE OUTPATIENT AND RESIDENTIAL TREATMENT		X	X		X Possibly
S) DEVELOP ADEQUATE OUTPATIENT, SHORT-TERM AND LONG-TERM RESIDENTIAL TREATMENT IN EACH REGION TO ESTABLISH A CONTINUUM OF CARE FOR CHILDREN AND YOUTH WITH SUBSTANCE ABUSE ISSUES AND TREATMENT NEEDS		X	X	X	
T) INSTITUTE AND MAINTAIN REGULAR CROSS-SYSTEM EDUCATION OF INDIVIDUALS WHO NEED TO BETTER UNDERSTAND MENTAL ILLNESS, SUBSTANCE ABUSE AND DUAL DIAGNOSES ISSUES		X	X	X	X Possibly

## HB 843 Commission Recommendations: CRIMINAL JUSTICE/BEHAVIORAL HEALTH INTERFACE

### XI. Identified Need/Issue for the 2002 General Assembly:

Develop a continuum of services, ranging from cross systems education, police training on crisis de-escalation, pre-booking and post-booking diversion, integrated treatment models for persons with co-occurring disorders, and specialized reintegration services and supports for those individuals exiting the criminal justice systems in order to address the repeated recycling of persons with mental illness, substance abuse disorders and dual diagnoses through the criminal justice system.

Recommendations	Short Term	Long Term	Expansion Budget	New Budget	Legislation
A) INSTITUTE CROSS-SYSTEMS TRAINING OF ALL STAKEHOLDERS INVOLVED WITH THE INTERFACE OF THE CRIMINAL JUSTICE/BEHAVIORAL HEALTH SYSTEMS AT THE STATE AND REGIONAL LEVELS	X			\$70,000/yr Source: TBD	X Possibly
B) MAINTAIN AND EXPAND DRUG COURTS ACROSS THE STATE FOR CHILDREN AND ADULTS	X	X	\$3.5 mil/yr AOC	\$1.09 mil/'03 \$2.13 mil/'04 AOC	
C) IMPLEMENT TWO PILOT MENTAL HEALTH COURTS: ONE RURAL AND ONE URBAN	X			\$250,000/'03 \$262,500/'04 AOC	
D) FUND SPECIALIZED INTENSIVE CASE MANAGERS FOR CHILDREN AND ADULTS AT THE CRIMINAL JUSTICE/BEHAVIORAL HEALTH INTERFACE	X			\$596,000/'03 \$626,350/'04 Source: TBD	
E) FUND SUBSEQUENT WRAPAROUND DOLLARS FOR CHILDREN AND ADULTS AT THE CRIMINAL JUSTICE/BEHAVIORAL HEALTH INTERFACE	X			\$350,000/'03 \$350,000/'04 Source: TBD	
F) FUND COMMUNITY RESOURCE COORDINATORS	X			\$596,000/'03 \$626,350/'04 Source: TBD	X Possibly
G) DEVELOP AN ARRAY OF HOUSING OPTIONS FOR DIVERSION & REINTEGRATION OF THIS POPULATION	X	X		\$550,000/'03 \$578,000/'04 Source: TBD	
H) DEVELOP REGIONAL BEHAVIORAL HEALTH JAILS IN CONJUNCTION WITH THE JAILERS ASSOCIATION, LOCAL JAILERS AND THE DEPT OF CORRECTIONS	X	X		\$1.24 mil/'03 \$2.55 mil/'04 Dept. of Corrections	
I) CONTINUE EMPHASIS ON THE CROSS-SYSTEMS PLANNING AT THE STATE AND REGIONAL LEVELS TO FACILITATE THE INTEGRATION OF BOTH SYSTEMS		X		X	X Possibly

HB 843 Commission Recommendations: FUTURE AGENDA ITEMS FOR COMMISSION  
AND REGIONAL PLANNING COUNCILS

XII. Identified Need/Issue for the 2002 General Assembly:

Set goals to be accomplished by Statewide Plan. Direct Regional Planning Councils to address these issues: Services and access for the aging population; School MH/SA services; Mental health court pilot study; KRS 202A & 504 review. Continue to work toward implementation of "Long-Term" recommendations

Recommendations	Short Term	Long Term	Expansion Budget	New Budget	Legislation
A) STUDY THE MH/SA NEEDS OF PERSONS 55 YEARS AND OLDER AND THE BARRIERS TO ACCESS; RECOMMEND A COMPREHENSIVE PLAN		X	X	X	
B) FOSTER COORDINATION AND COLLABORATION BETWEEN MH/SA, PRIMARY CARE AND REGIONAL UNIVERSITIES TO PROVIDE AND STUDY MORE EFFECTIVE, COMPREHENSIVE SERVICES TO THE AGING AND OTHER SPECIFIC POPULATIONS		X			
C) STUDY THE AVAILABILITY OF MH/SA PREVENTION AND TREATMENT SERVICES IN THE SCHOOLS; ASSESS BARRIERS; MAKE RECOMMENDATIONS TO INCREASE ACCESS TO SERVICES FOR YOUTH		X	X	X	
D) REVIEW KRS 202A and KRS 504; RECEIVE REGIONAL INPUT AS TO LOCAL PROBLEMS; CONVENE BROAD-BASED WORK GROUP TO MAKE RECOMMENDATIONS TO THE COMMISSION		X			X Possibly
E) EVALUATE FEASIBILITY OF PILOT STUDY OF TWO MENTAL HEALTH COURTS (ONE URBAN AND ONE RURAL)		X		X	
F) CONTINUE TO WORK TOWARD IMPLEMENTATION OF LONG-TERM RECOMMENDATIONS IN ALL AREAS		X	X	X	X Possibly
G) EVALUATE THE AVAILABILITY OF SERVICES FOR VETERANS WITH SUBSTANCE ABUSE DISORDERS		X		X	
H) ASSESS THE NEED FOR SERVICES BY PHYSICIANS AND OTHER PROFESSIONALS WHO ARE IMPAIRED BECAUSE OF SUBSTANCE ABUSE DISORDERS		X		X	





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